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Woman

Horace Goss

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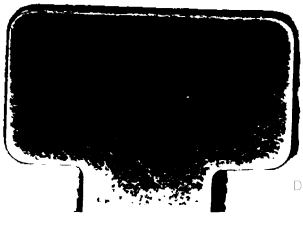

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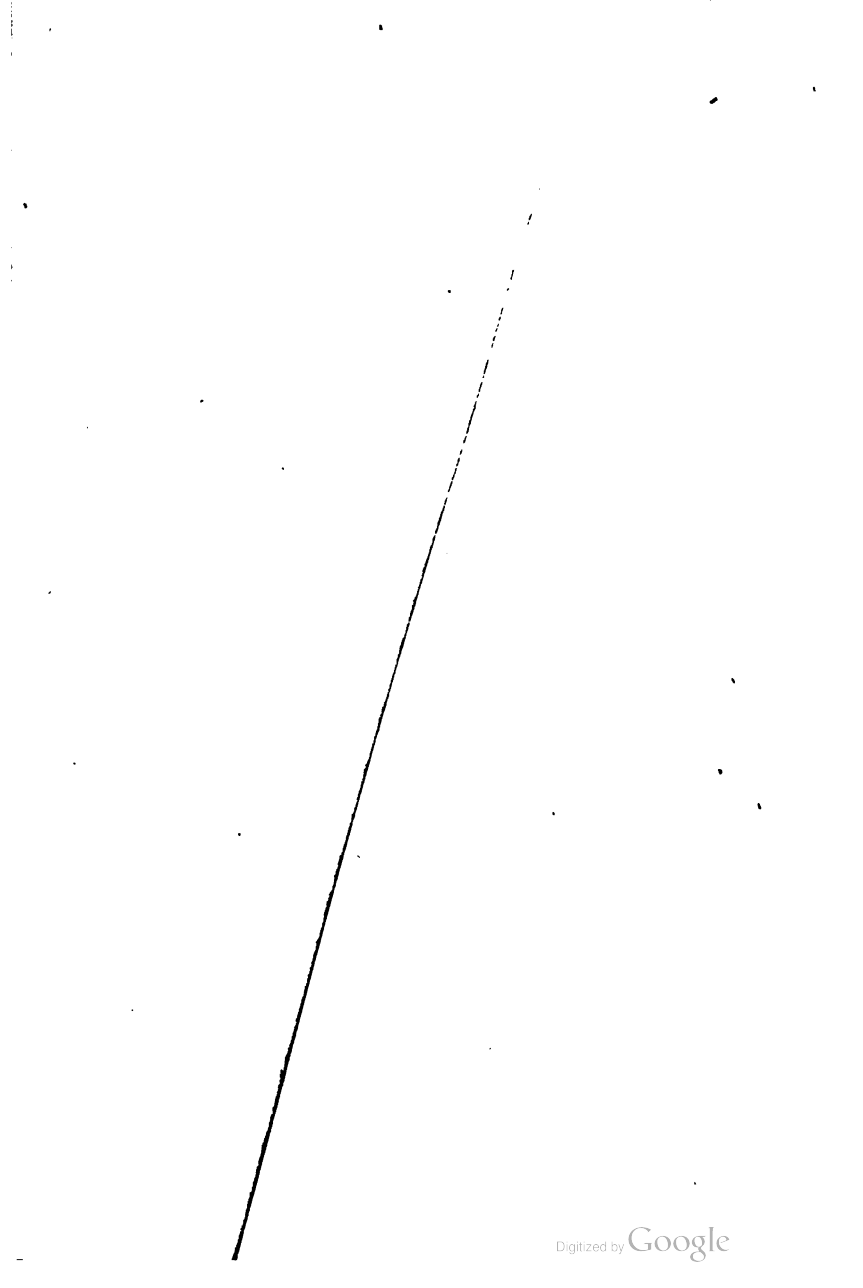
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WOMAN;

HER PHYSIOLOGY, AND FUNCTIONS,

(A MEDICAL WORK,)

INCLUDING EVERY FORM OF

DISEASE AND IRREGULARITY

WHICH CAN AFFECT THE

FEMALE:

THEIR CAUSES, SYMPTOMS, AND MEANS OF CURE:

WITH MEDICAL OBSERVATIONS ON

PREGNANCY, MISCARRIAGE, & MIDWIFERY;

PUBERTY, CONCEPTION, THE CHANGE OF LIFE,

NYMPHOMANIA, ANAPHRODISIA, ENERVATING HABITS,

AND

MONSTROUS BIRTHS.

Illustrated by Seventy Coloured Engravings on Steel.

BY

HORACE GOSS, M.D.,

Surgeon-Accoucheur.

LONDON:

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PREFACE.

THE object of dedicating this Work to the Public, is to enable those readers who may be ignorant of the structure of the human body, to arrive at a clear and proper knowledge of the wonderful mechanism of man, from his first form, as an ovum, or albuminous drop of fluid; his next form as an embryo; which, through Divine inspiration, is quickened into life as a Fœtus, finally entering the world as an infant; and, unless overtaken by disease, progresses onwards, stage by stage, to manhood and maturity. The physiology of man and woman is rarely known to any but the medical profession, and frequently ideas are formed (where barrenness and impotence are supposed to exist), which are quite at variance with the doctrine of Nature—causing, oftentimes, strife and misery.

To ensure health, it is requisite that the body should be kept pure, and untainted by any unnatural action upon it; carefully avoiding Onanism, too much sexual pleasure, or taint from impure blood, which is frequently the prelude of the most loathsome diseases.

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It may be as well here to mention, that it is the bounden duty of every medical practitioner to abstain from divulging or publishing the names of cases entrusted to their care; which frequently deter persons that are diseased from applying, either by *letter* or *personally*, for advice, until disease has so undermined the constitution as to prevent removal; and we trust by these hints, the unhappy will take confidence, and make their troubles known to us, or some other medical practitioners, in order to ensure a restoration to health and happiness.

THE AUTHOR.

55, *Great Queen Street,*
Lincolns' Inn Fields,
London.

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CONTENTS.

	Page
Medical OBSERVATIONS on GENERATION . . .	1 to 5
Anatomical Description of the Mammæ, Lungs, Heart, Aorta, Venæ Cavæ, Abdomen, Peritoneum, Stomach, Intestines, Liver, Spleen, Pancreas, Kidneys, Ureters, and Bladder .	6
Of the Organs of Urine, and Impregnated Parts of Generation	11
Of the EXTERNAL Parts of Generation . . .	13
Of the INTERNAL Parts of Generation . . .	17
Description of the Womb after Impregnation . . .	25
Changes produced in the Uterine System by IMPREGNATION .	27
Description of ABORTIONS at different ages, with a full description of Causes which produce ABORTION . . .	34
Contents of the Womb, and Position of the Fœtus about the end of Pregnancy	40
The Circulation of Blood in the Fœtus . . .	45
Description of NATURAL LABOUR	47
Advent of Puberty, or Womanhood—Irregularities—Conception—Nymphomania—Anaphrodisia, or Insensibility to Nuptial Pleasures—Bearing Down of Womb and Fundament—Ulceration of Womb, Warts, Vegetations, Polypous Growths, Cancer—Monstrosities, &c. &c. . .	52—61
Piles and Fistula	62
Chlorosis	63
Leucorrhœa	64
Gonorrhœa	65
Gleet and Syphilis	66
Notice to Correspondents	71

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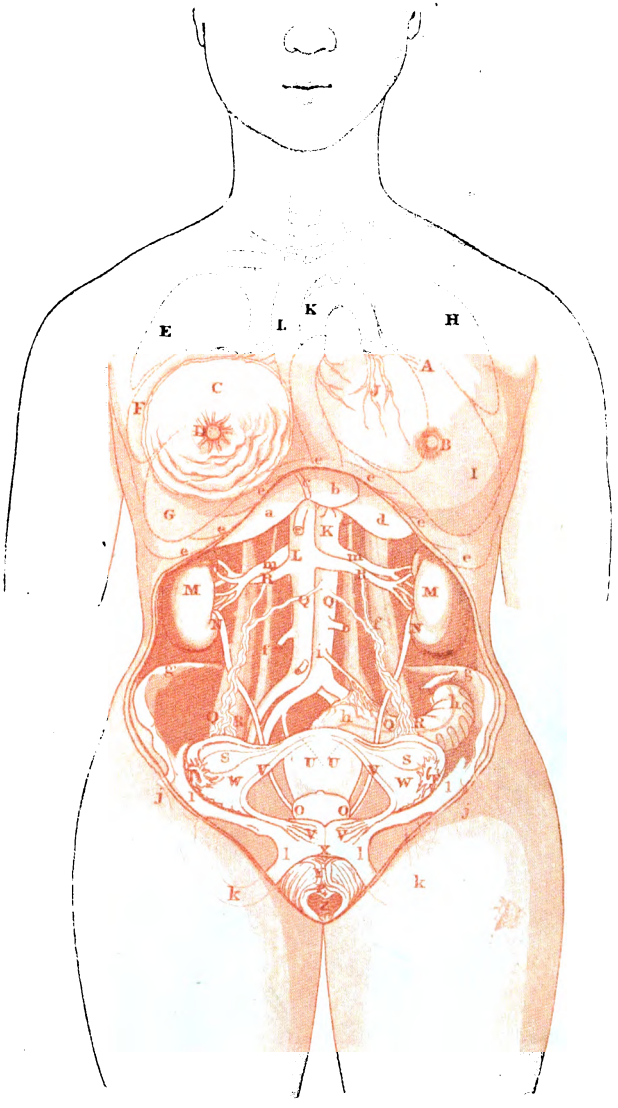
PLATE I



A front view of the Thoracic Viscera, Organs of Urine, and unimpregnated organs of Generation in a healthy state of the Female.

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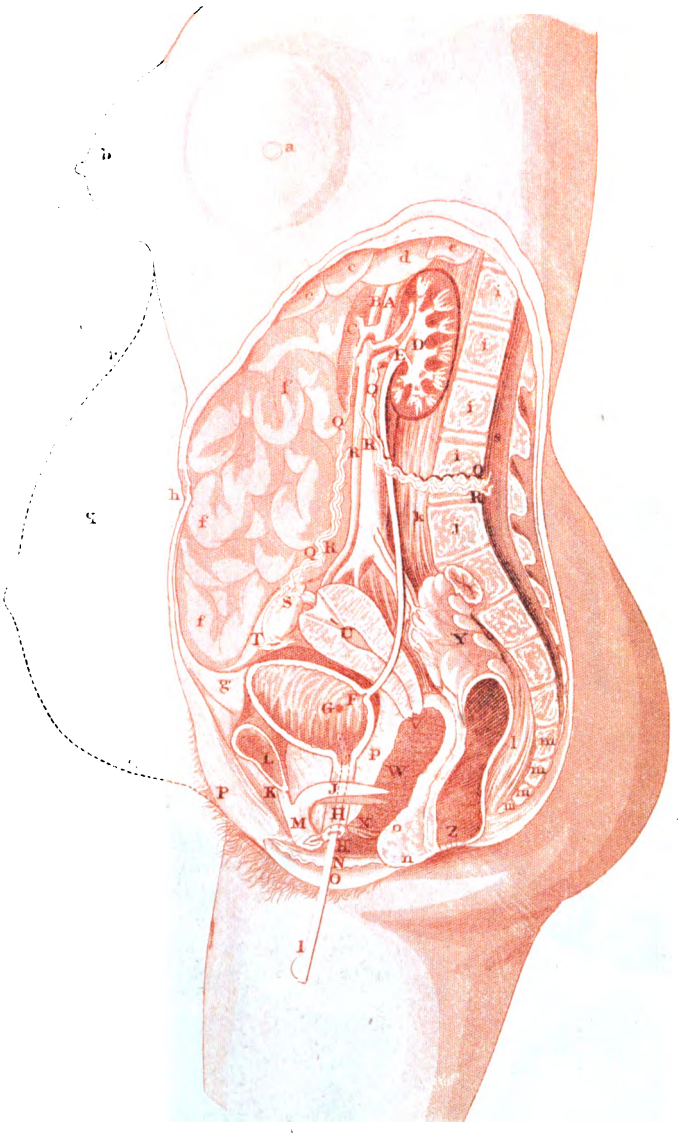
PLATE II.



A Sectional View of the Abdomen Pelvis, Urinary

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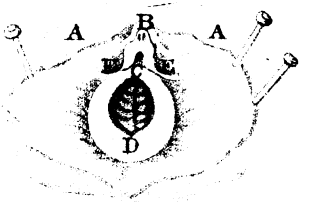
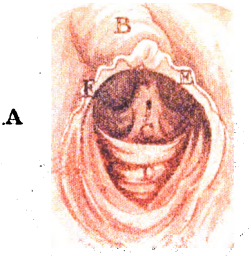
PLATE III.

Fig.1.



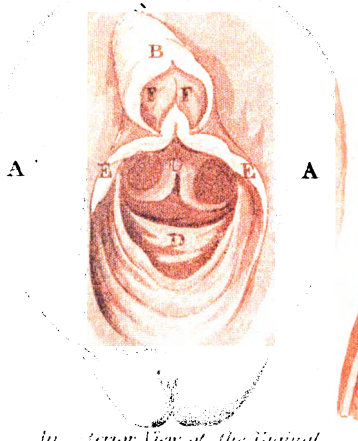
An exterior View of the Vaginal parts in a Female a few weeks old

Fig.2.



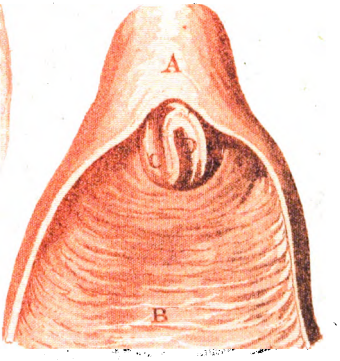
An exterior View of the Vaginal parts in a girl 7 years old.

Fig.3.

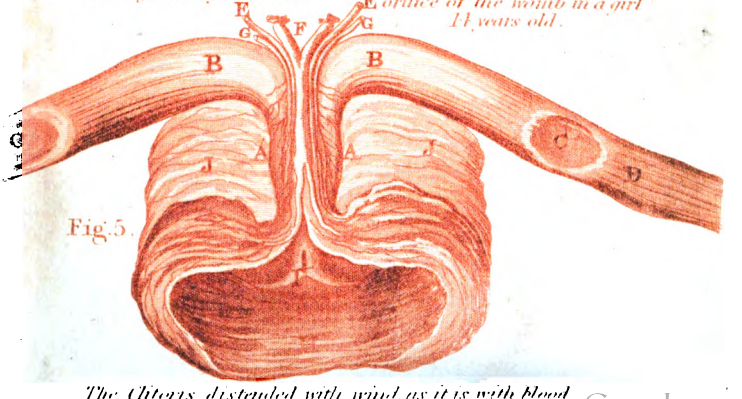


An exterior View of the Vaginal parts in a girl 14 years old.

Fig.4.



The Vagina opened shewing the orifice of the womb in a girl 14 years old.



The Clitoris distended with wind, as it is with blood when in the act of erection

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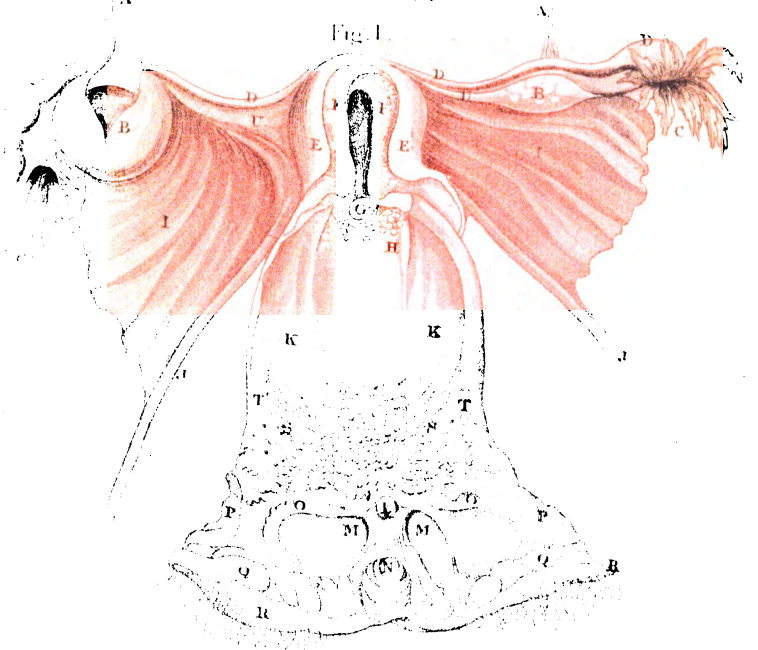
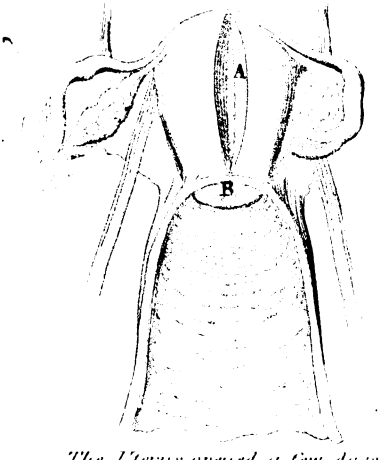
PLATE V.

Fig. 1.



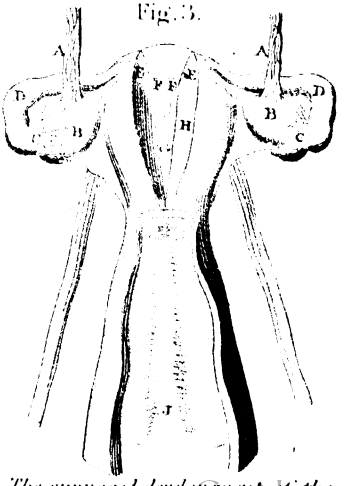
The Vagina and unimpregnated Uterus laid open.

Fig. 2.



The Uterus opened a few days after Impregnation.

Fig. 3.



The supposed development of the uterine system during conception.

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PLATE VI.

Fig. 1.

An ovule aggressed the third week.

Fig. 2.

An ovule at the fourth week.

Fig. 3.

A granulated ovum.

Fig. 4.

An aborted ovum, no solid substance or embryo being found in it.

Fig. 5.

An ovule at the 4th week.

Fig. 6.

An Abortion [illegible] week.

Fig. 7.

An Abortion at the 8th

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PLATE VII.

Fig 1.

An abortion of twins about ten weeks

Fig 2.

An embryo of about six weeks

Fig 3.

An ovum about six weeks old, shewing the shorten embryo and cord.

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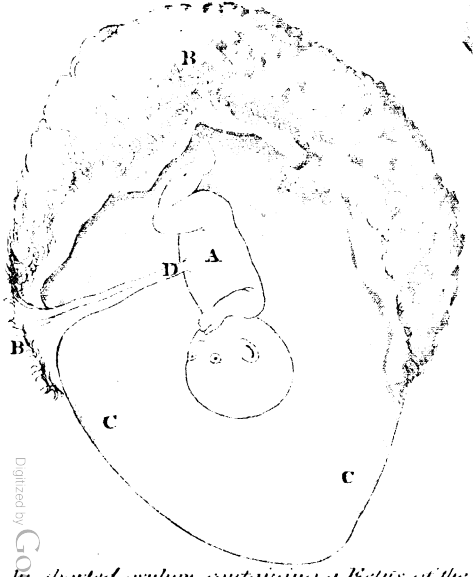
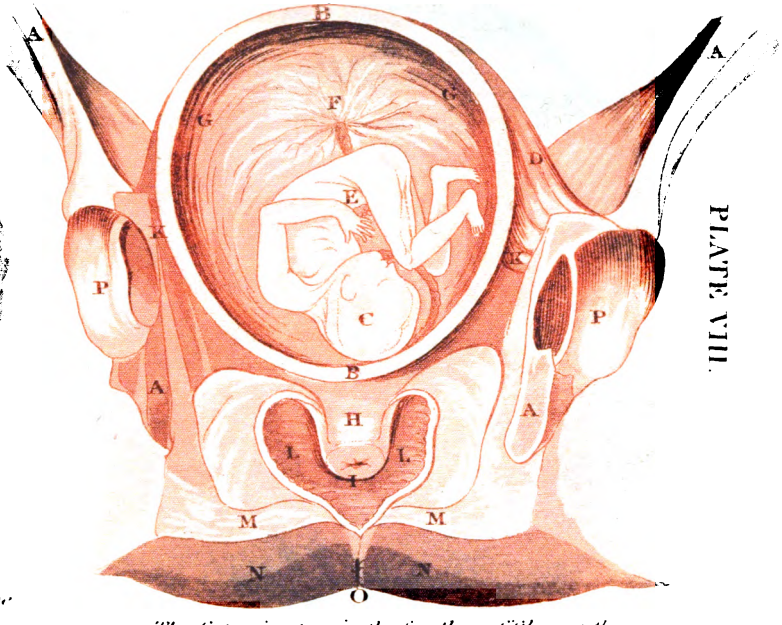
Fig 1.



An aborted ovulum containing a Fœtus of the third month floating in its own liquor.

Fig 2.



The Fœtus in utero, in the fourth or fifth month.

PLATE VIII.

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PLATE IX.

Fig. 1

The Human Ovum discharged entire from the Uterus or Womb at 3 months.

Fig. 2

The same Ovum dissected, shewing the three membraneous coverings.

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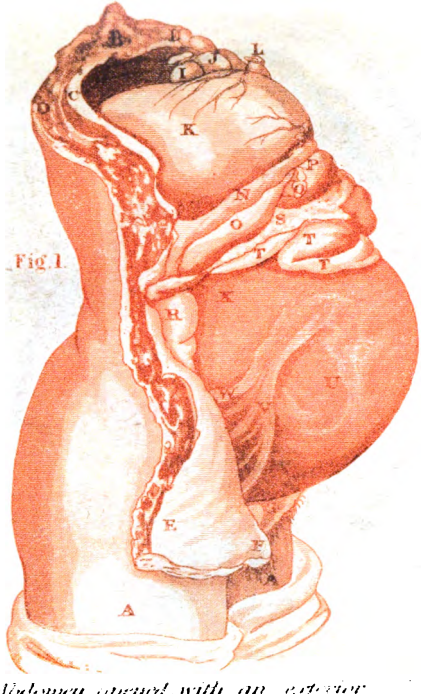
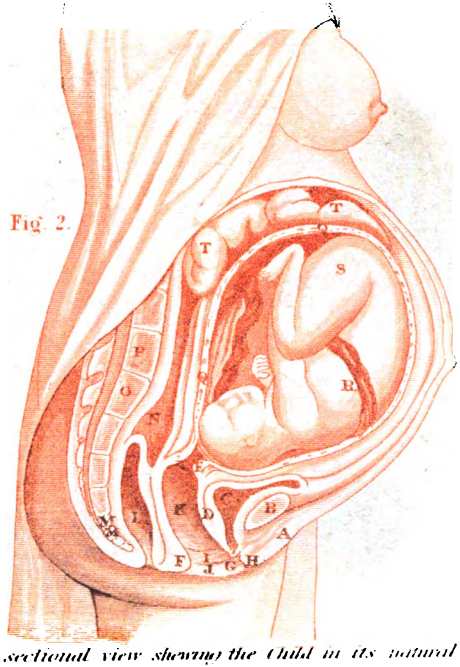
PLATE X.

Fig. 1.



The Abdomen opened with an anterior view of the Gravid Uterus.

Fig. 2.



A sectional view shewing the Child in its natural position in the ninth month of pregnancy.

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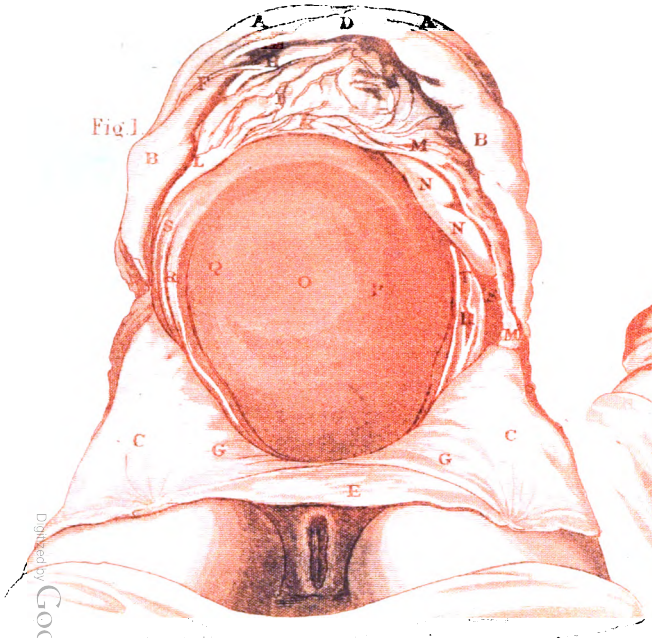
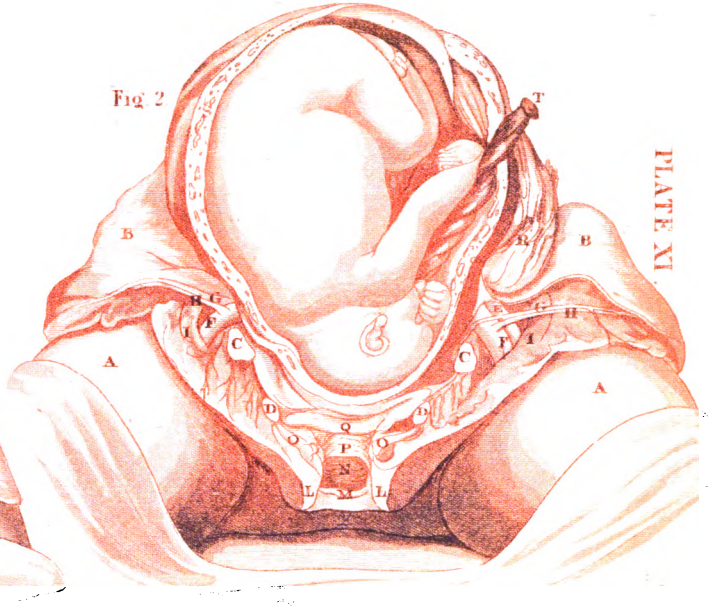
PLATE XI.

Fig. 1



The Abdomen laid open with an anterior view of the Womb at the full time of pregnancy.

Fig. 2



The fœtus of the Womb removed with the Child in its natural position at the full time of pregnancy

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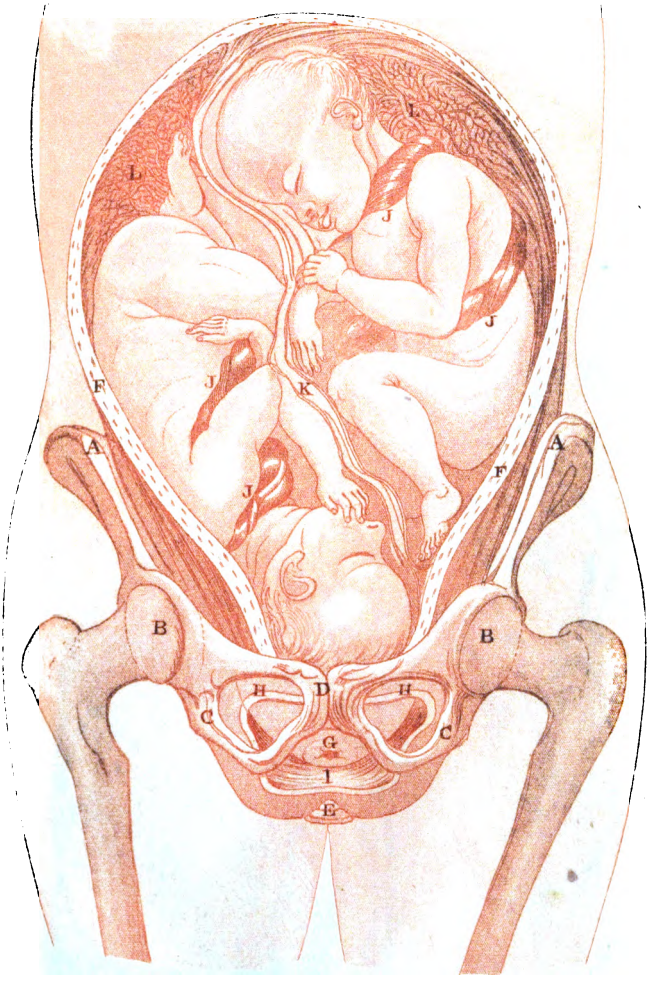
PLATE XII.



A Sectional view of the Uterus or Womb in the ninth month of Pregnancy, representing Twins in their natural position.

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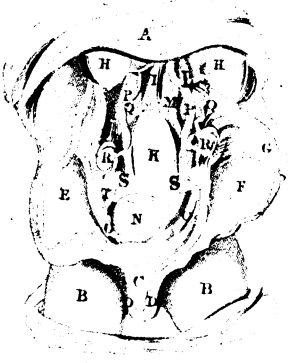
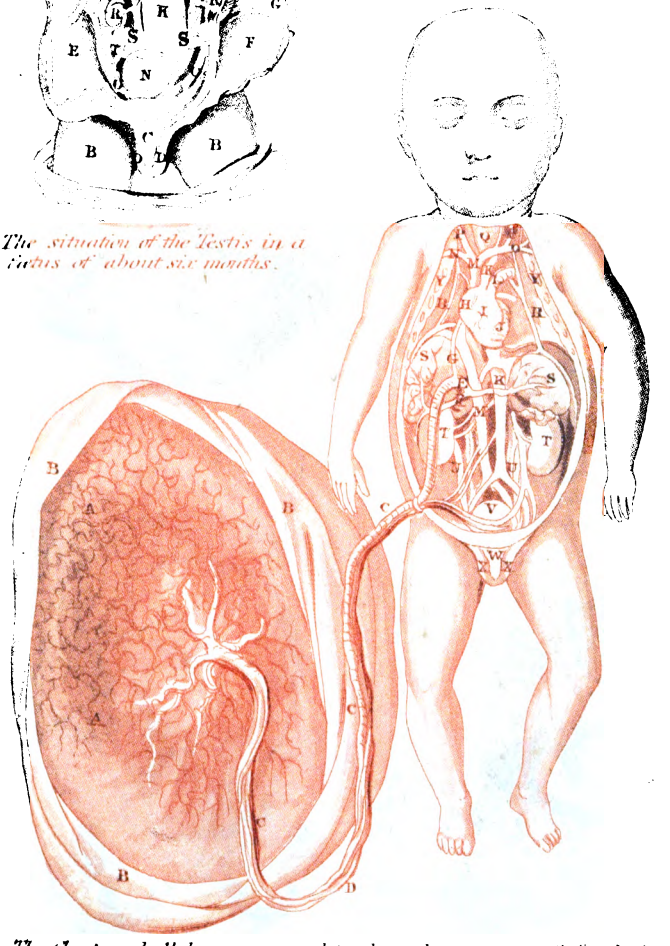
PLATE XIII.

Fig. 1.



The situation of the Testis in a fœtus of about six months.

Fig. 2.



The Chest and Abdomen removed to shew the organs of Circulation in the fœtus, with the umbilical cord and placenta attached.

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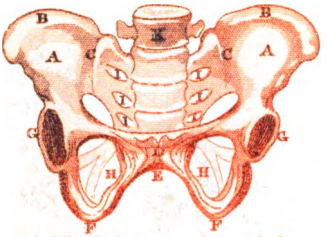
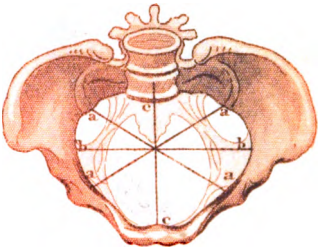
PLATE XIV.

Fig. 1



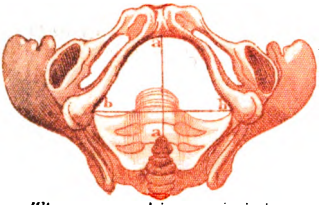
The Pelvis of the Adult Human Female.

Fig. 2



The oblique diameters of the brim of the pelvis.

Fig. 3



The coccy pubic or inferior apperture of the pelvis.

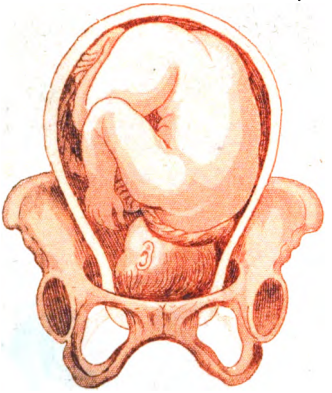
Fig. 4

A Side View of the head of a fœtus.

Fig. 5

a. *The opening in the head of a fœtus.*

Fig. 6.



Natural presentation of the Infant.

Fig. 7.

The infant's head passing the pelvis, during parturition.

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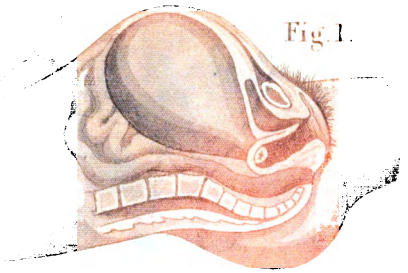
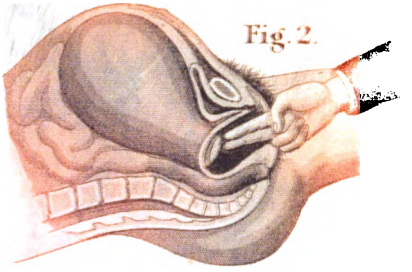
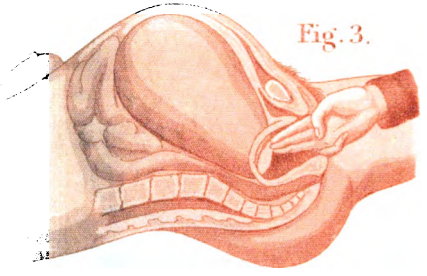
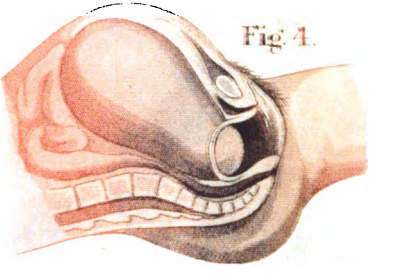
PLATE XV.

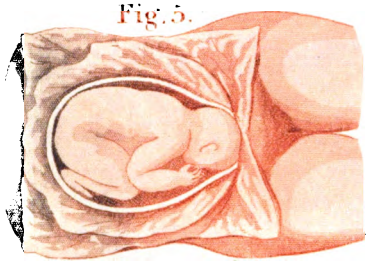


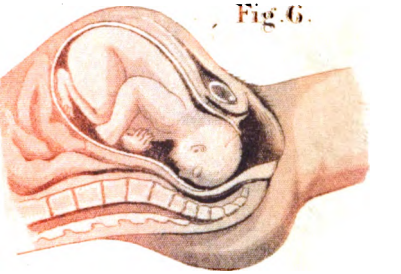


Figs. 1. 2. 3 & 4. Shew the Dilitation and descent of the Womb & Vagina during natural Labour:

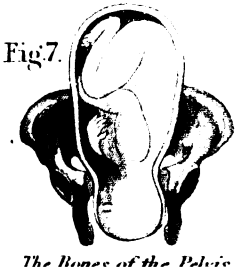




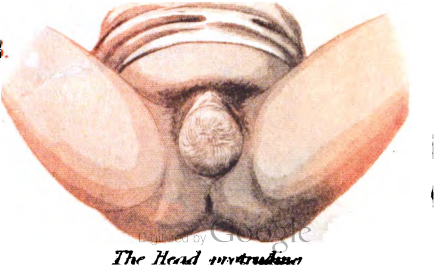




Figs. 5 & 6. Anterior & Sectional Views at the commencement of Labour:



The Bones of the Pelvis



The Head protruding

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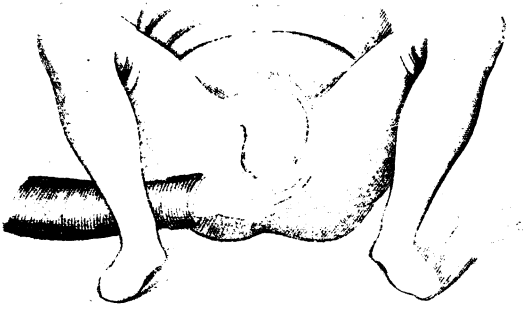
Fig. 1.



Figs. 1 & 2. The Hand of the Obstetrician supporting the Head of the Child.

Fig. 2.

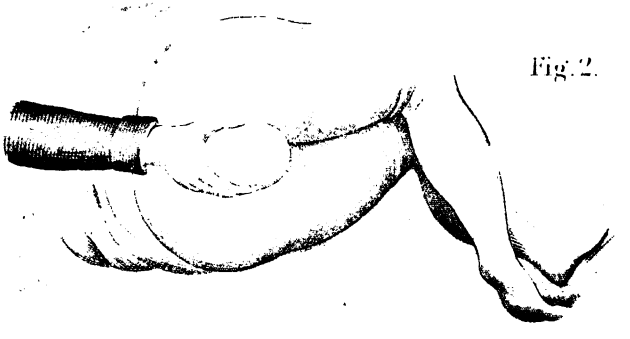


Fig. 3.

Fig. 4.

Figs. 3 & 4. The Hand of the Obstetrician directing the Infant during its progress of delivery.

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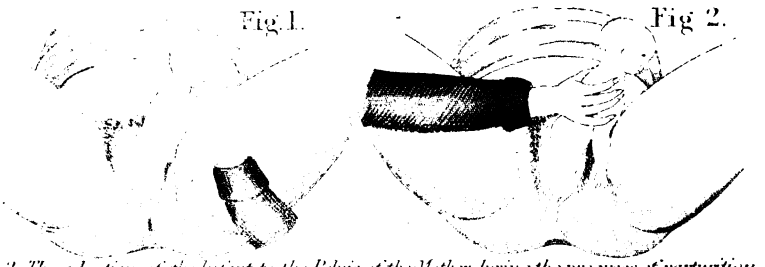
Fig. 1.

Fig 2.



Figs. 1 & 2. *The adaption of the Infant to the Pelvis of the Mother during the progress of parturition.*

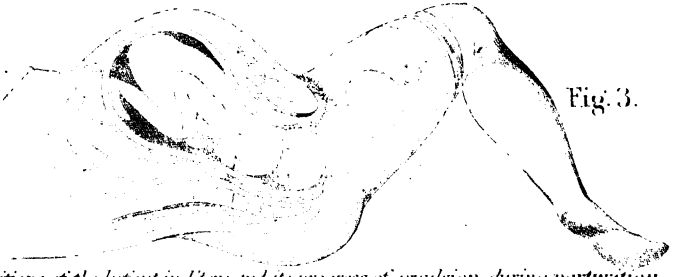


Fig. 3.

Positions of the Infant in Utero and its progress of expulsion during parturition.

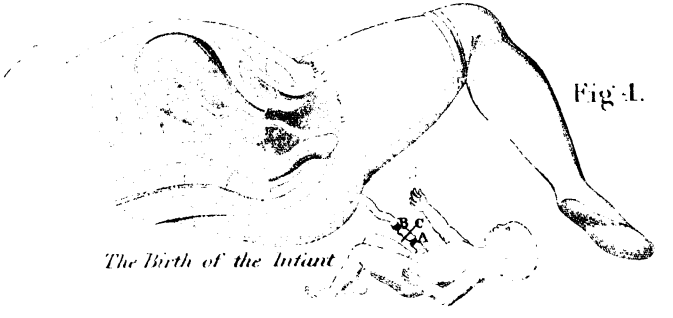


Fig. 4.

The Birth of the Infant.

Fig. 5.

Fig. 6.

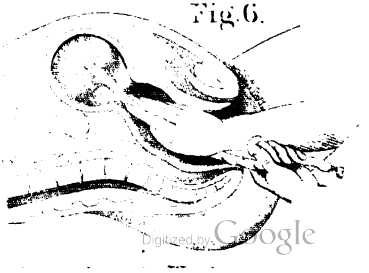


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PLATE XVIII.

Fig. 1.

Buboes in the groin.

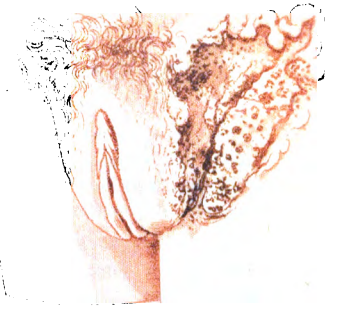

Fig. 2.

Sloughing Bubo.

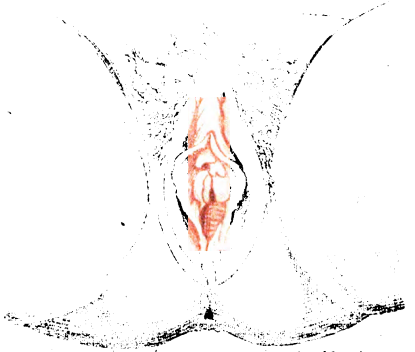

Fig. 3.

Gonorrhœal secretion in the Vagina with venereal eruptions.

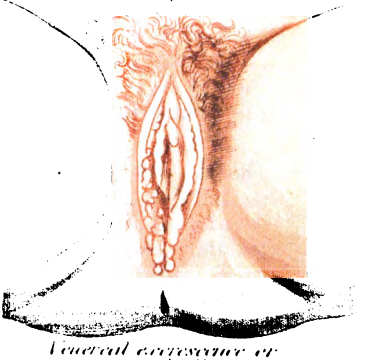

Fig. 4.

Venereal excrescence or warts on the Nymphæ.

Fig. 5.

Venereal Ulceration.

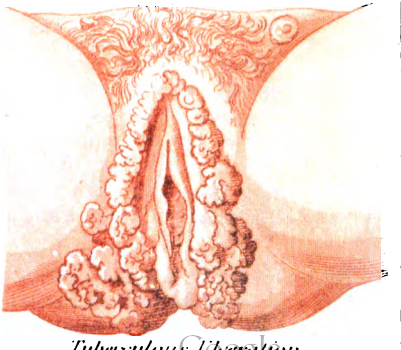

Fig. 6.

Tuberculous Ulceration extending to the Anus.

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OBSERVATIONS ON GENERATION.

Generation is effected in two ways; by the medium of seeds or eggs, and by that of offsets; and it has been supposed, there may be a third way, that of the union of seminal particles furnished equally by male and female, without the invention of eggs.

All plants are supposed to be propagated by eggs, or seeds, and many by offsets; some of the intestinal worms are of this description, as the fluke, which is also oviparous, the ovaries being placed laterally. The earth worm propagates its kind by a similar organization; also the lamprey, barnacle, and conger eel.

The garden snail is hemaphrodite, but incapable of breeding singly. In order to accomplish this, it is necessary that one individual should copulate with another, the male organ of each uniting with the female, and the female with the male, by which means, both become impregnated.

A single impregnation is capable of producing, in some animals, several generations in succession; the common cock and hen are an instance of this; for, by a single act of copulation, fecundity is given to as many eggs as will produce a whole brood; a similar fact is observable in many insects, a single impregnation being sufficient for six or seven generations.

A curious fact has been noticed regarding the *queen bee*, which, for the purpose of generation, performs a journey through the air, where she meets with the male insect, and copulation is effected; in about half an hour after, she returns to the hive, and this single impregnation fecundates all the eggs she will produce during the ensuing two years, some say for her whole life.

The *greater number* of *fishes* have no external organs of generation, and to all appearance have no sexual connexion, the females cast forth their spawn, or ova (which is known by the name of *hard roe*), at a certain season of the year, in shallow water, where it is exposed to the sun's rays; it is said that the male passes over it, and discharges his sperm or milt (called *soft roe*), which, intermingling, by the aid of the sun's warmth, a numerous shoal of fishes is the result.

A few, as the shark, skate, &c., have visible organs of generation, and, although no actual connexion can be proved, there is every reason to suppose that pairing takes place; salmon, sturgeon,

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and some other fishes, migrate many hundred miles, in order to deposit their spawn in fresh water streams.

The mode of procreating among frogs is very similar to that of fishes.

It is curious to observe, in many tribes, how variously the organs of generation are situated. In the female dragon-fly, the vagina is situated near the breast; in the *oscaris vermicularis*, or maw worm, the young are brought forth from a small opening below the head; in the snail, as before mentioned, it is placed near the neck; the generative organ of the male spider is placed at the extremity of the anterna; the tape-worm throws forth its young from the joints; some plants bear their flowers on the edge of the leaves. In most animals (which procreate only once a year), the testes are found exceedingly small during the months when not under excitement; in the winter season, the testes of the sparrow are no larger than a pin's head; while, in the spring, they are enlarged to the size of a hazel nut. In man, the testes before birth are situated in the abdomen, from whence they descend in the seventh or eighth months into the scrotum. Sometimes the testes do not descend for six or seven years after birth, and occasionally there are cases where one, or both testes have been retained in the abdomen, which is illustrated in my work on the *Physiology of Man*, PLATE IX; and this has been *no hindrance* to procreation in some cases, while in others there is evidence to the contrary; the female ovaria may be regarded as holding a similar office to the testes in the male, and were formerly called female testes, as they contain the necessary parts for the production of the human being.

The age of Puberty is attained by women, about one or two years before men, and at an earlier age, by those inhabiting warm climates. In the hot regions of America, Asia, and Africa, girls arrive at puberty as early as nine or ten years of age; while in the colder parts, as France, or England, about fourteen or fifteen; and in Sweden, Denmark, and Russia, two or three years later.

At this period, the two sexes experience certain changes; in the male, the voice alters, the chest and shoulders enlarge, the generative organs develope themselves, hair appears on the pubes, the beard grows, and the seminal fluid begins to secrete. In girls, the breasts and pelvis enlarge, the development of the uterine organs takes place, the uterine discharge, called the "menses," begins, and continues to occur generally, every month,

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for the space of twenty-five, or thirty years, or during the time the womb is capable of being impregnated, which time, however, varies in different individuals.

Before the age of puberty, the male approximates in a great degree to the character of a female, the voice is shrill, the face, fair, and smooth; and if at this period castration is performed, which prevents the formation of the seminal fluid, the strong voice, and other characteristics of manhood, seldom develope themselves; and the same thing occurs, whenever by disease, mutilation, or unnatural actions, the supply of this fluid is cut off, the causes of which, are treated upon in my work on the *Physiology of Man.*

The manner in which the generative organs perform their functions is still, to a certain extent, a mystery, which has given rise to various ingenious theories; the most ancient of these, suppose the fœtus to be produced by the mixture of the male and female seminal fluid; the seed afforded by the female, was supposed to furnish the substance of the fœtus, while the male supplied the living principle; others maintained that the parents contributed equally to the generation and growth of the fœtus, and that the resemblance to one parent, or the other, was consequent upon the seminal discharge at the time of coition being more powerful, or in greater quantity from one than from the other.

Another hypothesis was, that the rudiments of the fœtus are derived from the mother alone, and that the father had no immediate connexion with his own child; while others, on the contrary, maintained the same with respect to the mother.

The general opinion that has been entertained, during the last half century, is, that during coition the male seed is passed into the womb of the female; and during the sexual intercourse, the fimbriated extremity of the fallopian tube grasps the ovaria, and, by an internal action in the womb of the female, the ovule bursts, runs down from the ovaria, through the fallopian tube, into the womb, and mingles with the male seed that has been conveyed into the womb, when the seed becomes attached, and is supplied with nourishment from the vessels of the womb, to propagate the future offspring. Whenever the seed passes into the womb, conception takes place; and as regards the sex of the future offspring, if the ovule of the female is greater in quantity than the male seed, the fœtus is likely to

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be of the female sex; if the seed of the male is more in quantity than the female, then the fœtus would be of the male sex; so that, according to this hypothesis, women or men, claiming to be the propagators of the human species individually, is absurd, inasmuch as the female could not, by any unnatural act of her own, produce a fœtus; although, she might be able to cause an ovule to pass down from the ovary into the uterus, and it would possibly pass away at her next menstrual evacuation.

As regards impotence or barrenness, blame ought not to be attached to either the male, or female, because they have no progeny; malformation of the generative organs in the female, may be the cause; the vagina may be too long, or too small; the cavity of the orifice of the womb, may be too high, or too low; the uterine, and spermatic vessels, may be too weak to pass the ovule into the womb; or the fallopian tubes may be too short to grasp the ovaria; or if the canal leading from the orifice of the vagina to the ovaries be interrupted, conception could not take place; but again, malformation may exist on the part of the male; the penis may be misproportioned to the form of the vagina; the testes may be incapable of secreting the seed from the blood; the seed may be too thin, or too thick, or the seed vessels may have been ruptured, and thereby made incapable of performing their proper functions.

Is it to be supposed, that the millions of human beings are individually so exactly proportioned to each other, as to be capable of being impregnators, or of receiving impregnation during each, and every sexual connexion? No! the Almighty has ordained the two sexes to enjoy the nuptial pleasures of the bed, and if there be no physical malformation in either sex, the continual connubial intercourses would, undoubtedly, prove prolific, and offspring would be the result; therefore, unless a mutual spermatic action takes place, there can be no impregnation; which is wisely ordained, or else. married females could not enjoy any one act of coition with their husbands without being impregnated, and the result of each connubial act, would be the production of as many fœtuses.

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DESCRIPTION TO PLATE I.

A B. The Left Mammæ and Nipple.
C. The Right Mammæ. The fascia is removed, showing the mammary glands.
D. The Nipple, with lines running to it, represents the lactiferous ducts, through which the milk is conveyed after being secreted from the blood by the mammary glands.
EFG. The Three Lobes of the Right Lung.
H I. The Two Lobes of the Left Lung.
J. The Heart.
K. The Aorta, or great Artery.
L. The Vena Cava, or great Vein.
MM. The Kidneys.
N N. The Ureters.
O. The Bladder.
P. The Orifice of the Urethra.
QR, QR. The Spermatic Vein and Artery.
S. The Ovaria, or Testes.
T T. The Fimbriated extremity of the Fallopian Tube, through which the seed is conveyed (by the dotted lines) into
U. The Uterus, Matrix, or Womb.
V V. The Round Ligament, which joins
X. The Symphisis Pubes.
Y. The Clitoris.
Z. The Vagina.
a. The Great Lobe of the Liver.
b. The Small Lobe of the Liver.
c. A portion of the Umbilical Vein.
d. A portion of the Stomach.
eeee. The Diaphragm.
ff. The Psoæ Muscles.
g g. The Os Ilium.
h. The Rectum.
i. The Iliac Artery.
jj. The Acetabulum.
k k. The Oss Ischium.
llll. The Os Innominata, or Pelvis.
m m. The Renal Artery.

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ANATOMICAL EXPLANATION
OF THE
INTERNAL STRUCTURE & VITELINE ORGANS
IN THE
HUMAN FEMALE.

ILLUSTRATED BY PLATE I.

A. THE MAMMÆ.

THE MAMMÆ are two glandular bodies, of a hemispherical form, situated on the anterior, and a little towards the lateral parts of the *Thorax*, adhering loosely by cellular substance to the surface of the large *Pectoral Muscles*.

In girls previous to the age of puberty, they are remarkably small, until the *menses* begin to appear, when they evolve, and become prominent.

Near the commencement of each menstruation, they increase in size, and diminish immediately after this period.

During gestation they also increase in bulk, and soon after delivery they arrive at their greatest extent; but after several gestations, are apt to become pendulous. Near the centre of the *Mammæ*, but a little towards the outside, is the PAPILLA, or NIPPLE B, which is of a cylindrical form, and of a redder colour than the rest of the integuments of the breast. It has a delicate skin, and is extremely sensible.

During Pregnancy, the circle around the nipple is of a darker colour than at other times, in consequence of a change which takes place in the *Corpus Mucosum*.

The glandular part of the MAMMÆ C is of a whitish colour, of the conglomerate kind. It is composed of a number of smaller masses, or glands, which are separated by fat, and these again are divided into still smaller parts, in which the milk is originally secreted.

From the extremities of the arteries in the substance of the Mammæ, numerous tubes arise, called DUCTUS, or TUBULI LACTIFERI, D. They gradually unite into trunks, which run in a graduated manner, becoming greatly enlarged in the time of suckling, and serve as reservoirs, to contain the milk.

The LACTIFEROUS DUCTS are accompanied, in the substance of the Mammæ, by a tough, white, elastic substance, which follows

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them to the nipple; at the root of the nipple they become contracted, and are from twelve to eighteen and upwards in number.

The operation of sucking depends upon the principle of the air-pump. The child embraces the nipple closely with its lips, which prevents the external air from entering, draws the ducts to a straight line, and prepares a space for the milk, which is forced from the breast by the pressure of the atmosphere, and flows to the mouth in the manner a fluid follows the piston of a common pump or syringe.

E F G, H I. THE LUNGS.

THE LUNGS are two soft spongy bodies, which occupy the greater part of the cavity of the *Thorax*. They are of a reddish, or pink colour in children, of a greyish colour in adults, and a purple, or livid colour in old age.

J. THE HEART.

THE HEART is a hollow muscle, divided into different cavities, and enclosed in the *Pericardium*; it varies in size in different individuals.

It is situated behind the *Sternum*, and cartilages of the ribs, in the cavity of the Thorax, and between the right and left lungs.

The Heart is the centre of the *Vascular system*, and the principal agent in the circulation of the blood. The right side of the heart receives the blood, which becomes contaminated by passing through the body, and sends it to the lungs, to be purified through the medium of the air, from the lungs. The blood, now purified, is returned to the left side of the heart, to be circulated through all the other parts of the body, thereby imparting nourishment, growth, and strength to the general system; being the source of *sensibility*, *irritability*, *motion*, and *animal heat*.

K. THE AORTA.

THE AORTA passes upwards from the top of the left ventricle, and is situated first behind and then on the right side of the *Pulmonary Artery*, and between it and the *superior Cava*.

When the *Aorta* is about to send off the first of its large branches at the top of the *Thorax*, it is of great size, and is sometimes called the *large Sinus of Valsalva*.

The *Aorta* receives the blood from the *left ventricle*, and by its muscular contraction re-acts upon it, and assists the ventricle in

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sending it by numerous branches through the different parts of the body, from whence it is returned by the veins to the *right auricle.*

L. THE VENÆ CAVÆ (SUPERIOR AND INFERIOR.)

At the right side of the Heart are two veins, called, from their large size, *Venæ Cavæ*—the one superior, the other inferior.

The *superior Vena Cava* conveys the blood from the upper parts of the body. The *inferior Vena Cava* conveys the blood from the lower parts of the body, both terminating in the right auricle of the heart.

THE ABDOMEN.

THE ABDOMEN, or BELLY (which is not shown in the engraving), extends from the *Thorax* to the under part of the trunk; it is bounded above by the *Diaphragm*, and the *Rib Bones*, *e e e e e e*, to which that muscle is fixed; below, by the *Pelvis l l l l*; behind, by the *Lumbar Vertebræ* and muscles of the loins, *f f*; *interiorly*, by its proper muscles; and *laterally* by the *false ribs*, *Ossa Ilia*, *g g*, and muscles connected with the *Ossa Ilia.*

THE PERITONEUM.

THE PERITONEUM (which is not shown in the engraving), is a firm membrane, by which the *abdominal viscera* is surrounded, and the *abdomen* lined; it also lines the *diaphragm*, and passes downwards, adhering firmly to the *abdominal muscle*; it lines the containing, and also the contained parts of the *Pelvis*, covering the bowels and great blood vessels of that cavity. In its passage from one bowel to another it forms doublings, which serve as ligaments to fix the bowels to each other, and likewise to the body.

D. THE STOMACH.

THE STOMACH is a large bag, or reservoir; situated obliquely across the back part of the abdomen in the *Epigastric* and left *Hypochondriac regions.* It receives the food from the *Esophagus*, and afterwards prepares it, by digestion, for the intestines.

The digestion of the food in the *Stomach* is found to be effected by trituration, which is performed by the motions of the *Stomach muscles of the abdomen*, and the *Diaphragm*—by dilution—by a partial fermentation—but chiefly by the action of the *gastric juice* serving as a *menstruum.*

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THE INTESTINES.

THE INTESTINES (which are not shown in the engraving) consist of a long *cylindrical canal*, beginning at the inferior orifice of the *Stomach*, called *the Duodenem*, and after winding in various directions to the extent of about thirty-six yards, passes through the rectum *h*, and terminates at the Anus.

a, *b*, *c*. THE LIVER.

THE LIVER is the largest of the *Conglomerate Glands*, and its weight nearly equal to that of the brain. It forms a solid mass, of a dusky red colour, situated immediately under the *Diaphragm*, *e e e e*, extending downwards to the margin of the *Thorax*, but in the sound state not going beyond it.

THE SPLEEN.

THE SPLEEN (which is not shown in the engraving) is a soft very vascular substance, and of a purple colour. It is situated under the *Diaphragm*, and almost vertically, in the left *Hypochondriac region*, between the large extremity of the *Stomach* and corresponding *false ribs*, its under end lying behind the *colon*, and over the top of the left *Kidney*, M.

THE PANCREAS.

THE PANCREAS (which is not shown in the engraving) is a flat gland, of the *conglomerate* kind, from six to eight inches in length, and of the same nature as the *salivary glands*, of which it may be reckoned the largest. It is situated in the epigastric region, and is placed transversely in the back of the *abdomen*, between the *stomach* and *spine*. The *Pancreatic juice* incorporates the bile with the alimentary mass, and may be said to answer the same purpose to the contents of the intestines which the *gastric juice* does to those of the *stomach*; or, it finishes that digestive process in the intestines, which was begun in the stomach.

M M. THE KIDNEYS.

THE KIDNEYS are two glandular bodies, of a pale red colour, situated in the *upper* and *back part* of the *abdomen*, and surrounded by a loose cellular substance, in the *lumbar region*. They are placed on each side of the *spine*, extending from the *eleventh pair of ribs* to near the upper part of the *Ossa Ilia*. The *Kidney* is about four inches and a half in length; and is similar to the shape of a French bean.

The kidneys are connected to the Aorta K, and Vena Cava

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L, by their blood vessels, *m m*, R R, and to the Bladder of Urine O O, by the Ureters N N. They accompany the motions of the *Liver* and *Spleen*, in the different states of respiration.

N N. THE URETERS.

THE URETERS are commonly one to *each kidney*, though in some rare instances, they are double on one or both sides.

The *artery* of the *kidney m m*, is placed *uppermost*. The *vein* R R, in the *middle*, and the *Ureter* N, *underneath the vein*.

The *Ureters* descend in the loins obliquely behind the *Peritoneum*, and pass over *f f*, the *Psoæ* and *Iliac vessels*, and *Os Sacrum*, into the *Pelvis*, and terminate obliquely in the under back part of the *Bladder*.

O O. THE BLADDER.

THE VESICA URINARIA, or BLADDER of URINE, O O, is a large musculo-membranous sac, situated in the *Pelvis l l l l*, at the bottom of the *hypogastric region*; it is placed in the *fore-part* of the *Pelvis*, and between the *Ossa Pubes* X, and *Rectum h*. *The Bladder* receives the urine from the *Ureters* N N, by drops, and sometimes by small thread-like streams or squirts, until, by its accumulated quantity, and acrimony, it forces the organ to contract and expel it. The *urine* is expelled, partly by contraction of the *Bladder* itself, and partly by the action of the *Abdominal Muscles* and *Diaphragm* pressing the intestines against the *Bladder*, the *Sphincter Vesicæ* being at the same time relaxed.

The frequency of the evacuation depends upon the size and sensibility of the *Bladder*, upon the quantity of urine secreted, and the degree of acrimony it possesses. Certain states of the mind are apt to affect the *urinary organs*. Fear and anxiety sometimes produce a sudden desire for evacuating the *Bladder*. The *urine* when recently discharged from a healthy person, is of a pale yellow colour, has a peculiar odour, and bitterish taste, and is of an acid nature. After standing some time, it becomes *alkaline*, depositing an *acid called Lithic*, or *Uric*, which is peculiar to urine, but the state of this fluid varies much according to the age and constitution of the person, the nature of the aliment taken into the *stomach*, and the time the urine has been retained in the *Bladder*.

The letters P, Q, R, S, T, U, V, W, X, Y, Z, relate to the ORGANS OF GENERATION, and are fully explained in Plate III.

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A. The Aorta.
B. The Vena Cava.
C. The Right Kidney.
D. The Left Kidney, cut through, to show
E. The commencement of the Ureter, which conveys the Urine into the Bladder.
F. The Bladder.
G. The opening of the Right Ureter, into the Bladder.
H. The orifice of the Urethra, through which the Urine is evacuated from the bladder.
I. A Female Catheter, passed up J the Urethra.
J. The Urethra.
K. The Suspensory Ligament of the Clitoris.
L. The Ossa Pubes.
M. The Body of the Clitoris.
N. The Labium Internum, or Nymphæ.
O. The Labium Externum.
P. The Mons Veneris.
Q R. The Spermatic Veins and Arteries.
S. The Ovarium.
T. The Fimbria of the Fallopian Tube, through which the Ova passes into
U. The Uterus.
V. The Orifice, or Outlet of the Womb.
W. The Vagina.
X. The Hymen.
Y. The Rectum;—and Z, The Anus, or Outlet of the Rectum.
a b. The Left and Right Mammæ.
c c. The Two Lobes of the Liver.
d. e. A Portion of the Stomach and Spleen.
f f. The Intestines.
g. The Peritoneum.
h. The Navel.
i. The Lumbar Vertebræ.
j. The Sacrum.
k. The Psoas Muscle.
l. The Rectum Muscles.
m. The Os Coccyx Bones, which are pushed outwards during delivery.
n o. The Recto-Vaginal Septum.
p. The Vesico-Vaginal Septum.
q r. The dotted line represents the position of the Abdomen at the full time of Pregnancy.

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PLATE III.

Represents various Views of the External Genital Parts in the Female.

DESCRIPTION TO PLATE III.

Fig. 1.—A. The Labia Externa.
B. The Clitoris.
C. The Orifice of the Urethra.
D. The Hymen, of a circular form.
E. The indication of the Nymphæ, or Labia Interna.

Fig. 2.—The letters refer to the same parts as in *Fig.* 1.

Fig. 3.—The letters refer to the same parts as in *Fig.* 1.

Fig. 4.—A. The Posterior Surface of the Unimpregnated Uterus.
B. The Vagina.
C. The Rima Transversa of the Os Uteri.
D. The Orifice of the Os Uteri.

Fig. 5.—A. The body of the Clitoris distended with wind, as it is with blood when in the act of Coition.
B. The Crura Clitoridis also distended.
C. The extremities of the Corpora Cavernosa of its Crura, cut from the Ossa Pubes.
D. The Musculi Erectores Clitoridis removed from the Ossa Coxendicis.
E. The Arteries of the Clitoris.
F. The Dorsal or Great Vein.
G. The Nerves of the Clitoris, which pass also to the Corpus Cavernosum Pudendi.
H. The Corpus Cavernosum Pudendi inflated by the Dorsal or Great Vein (F) of the Clitoris.
I. The Orifice of the Urtehra.
J. A portion of the external part of the Vagina.

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ILLUSTRATED BY PLATE III.

THE external parts, called *Pudendum*, or *Vulva*, are formed of two prominent sides, termed *Labia Pudendi*, and *Labia Externa*. (A, Fig. 1, Fig. 2, Fig. 3.) These are contiguous when the limbs are not much separated, thereby preventing the access of air to the internal parts.

The upper part of the *Pudendum*, named *Pubes or Mons Veneris*, is situated on the fore side of the *Ossa Pubes* (as shown in Plate II. P), and is covered with hair similar to that in the male, to prevent the skin from being injured by the approach of the sexes. In both sexes, the hair begins to grow about the age of Fourteen.

The *Pubes* is composed of the common *Integuments*, under which a quantity of fat is situated, rendering it thick, soft, and prominent.

The *Labia Pudendi* extend from the *Pubes* to within an inch of the Anus (as shown in Plate II., O N), the space between the *Pudendum* and *Anus* obtaining the name of *Perinæum* (Plate II.), from a moisture supposed to flow about this part of the skin.

The opening between the *two Labia* has the name of *Fossa Magna*. It increases a little in size and depth as it descends, and forms a small boat-like cavity at its under extremity, termed *Fossa Navicularis*.

The *Labia* are thickest above, becoming thinner below, and terminate in a transverse fold of the skin, named *Frænum*, *Furoula*, or *Fourchette*, which is frequently lacerated in the first delivery.

The *Labia* are composed of the skin elevated by a large quantity of cellular substance and some fat, and lined by a very vascular membrane, which is thin, tender, and red, like the inside of the lips, and furnished with numerous sebaceous follicles, secreting a liquor whereby the parts are rendered smooth and moist. Between the upper ends of the *Labia* is the substance named *Clitoris*, which is nearly an inch long, and nearly half an inch thick.

The Clitoris is extremely *vascular* and *nervous*, and is composed, like the *penis* in the male, of two *Crura* and *Corpora*

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Cavernosa, which are distended with blood when in the act of coition, and are contained in a ligamentous sheath, with a septum between them.

The *Crura* are upwards of twice the length of the body of the *Clitoris*, and, together with the muscles belonging to them, arise, as the *Crura* of the *Penis* do in the male, from the *Crura* of the *Ossa Ischia* and *Ossa Pubes*.

The Clitoris is also provided with a *ligamentum suspensorium*, by which it is connected to the *Ossa Pubes*, and a gland (Plate III., Fig. 3, F F), which, like that of the *Penis in the male*, is extremely sensible, but has no perforation in it for the passage of the urine.

The *clitoris* possesses great sensibility. In the time of *coition*, the *Glans Clitoridis* is supposed to produce nearly the same sensation in *the female*, as the *Glans Penis* does in *the male*.

At the under and outer part of the *Clitoris* are two bodies called *Nymphæ*, which arise narrow from the *prepuce* and *glans*, and run obliquely downwards and outwards along the inside of the *Labia*.

They are chiefly formed by a production of the inside of the *Labia*, have the same florid colour with them, and in their natural state are contiguous, and cover the orifice of the *urethra*.

They are sometimes of unequal size, and not unfrequently (particularly in warm climates) project beyond the edges of the *Labia*. In Hottentot women they hang *pendulous* between the thighs.

Their internal structure consists of *cellular substance*, with a large proportion of blood-vessels. They have also many *nervous papillæ*, which render them very sensible, and *sebaceous follicles*, the secretion of which prevents them from being injured.

The *Nymphæ* assist in directing the course of the urine from the *Urethra*, and in preventing the air from entering the *Vagina;* they also tend to enlarge the passage for the child in the time of parturition.

Between the *Perinæum* and *Nymphæ* there is a *Vestibulum*, or smooth cavity, which is most complete in virgins (*see* Plate V. Fig. 1, M M).

The *orifice of the Urethra* is placed a little below the *glans* of

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the *Clitoris*, and between the *two Nymphæ*, as shown in Plate IV. Fig. 1, 2, 3, C.

The *Corpus Glandulosum* is perforated by *Lacunæ*, some of which are of considerable depth, and discharge a *viscid matter* found the orifice of the *Urethra*.

The *Corpus Glandulosum* directs the point of the finger to the orifice of the *Urethra* in discharging the *urine* by the *Catheter*.

The *orifice* of the *Vagina*, termed likewise *Os Externum Uteri*, is placed immediately under that of the *Urethra*, and is naturally straighter than the rest of the canal; but in the *virgin state* is still more contracted by the substance called *Hymen* or *Circulus Membranosus*, which forms an incomplete *Septum* between the *Vagina* and *external parts*, as shown in Plate III., Figs. 1, 2, 3, D. The *Hymen* is formed of a *double membrane*, and is red and sensible, like the *Vagina* itself, the *inner* part being derived from that canal, the *outer* from the *Labia Pudendi*. It approaches to a circular figure, but the circle is frequently incomplete next the orifice of the *Urethra*.

When the *Hymen is ruptured*, which is commonly in the first sexual intercourse, it degenerates into small conical *Papillæ*, termed *Carunculæ Myrtiformes*, from their supposed resemblance to myrtle berries.

The *Hymen* has been considered as a test of virginity, but neither the *presence*, nor the *absence*, of this membrane can be depended on as a certain criterion.

Sometimes the *Hymen* is *impervious*, in which case the *menstrual fluid* is retained in the *Vagina*. About the *orifice* of the *Vagina* are several *mucous Follicles*, similar to those round the opening of the *Urethra*.

The *blood-vessels* and *nerves* of the external parts are from the *Pudic branches*, and are dispersed in numerous ramifications upon the end of the *Vagina*, *Labia Externa*, and *Clitoris*, as shown in Plate III. Fig. 5, E F G.

The *absorbents* pass partly to the *Inguinal Glands*, and partly to those placed at the sides of the *Pelvis*, or upon the *lumbar Vertebræ*.

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DESCRIPTION TO PLATE IV.

A. The Aorta.
B. The Vena Cava.
C C. The Psoæ Magnæ Muscles.
D D. The Ovarian Vessels.
E E. The Corpus Pyramidale on each side, composed of Branches of the Spermatic Arteries and Veins.
F. The Left Testicle or Ovary, covered with its proper Membrane, through which the Ova, or Eggs, appear protuberant.
G. The Distribution of the Spermatic Artery and Vein upon the left Ovary.
H H. Branches of the Spermatic Artery and Vein, running over the Membraneous Ligament to the Tubes N on each side.
I I. The Uterus, Matrix, or Womb.
J J. The Hypogastric Artery, which ramifies over the Uterus.
K. The Hypogastric Vein.
L. The Membrane of the Ovary or Testi, separated and turned back, to show the Ova, and the Spermatic Vessels going to and from them.
M. The Fimbriated Extremity of the Fallopian Tube, the left is shown turned over to embrace the Ovary, the right one shows the aperture through which the Ova descends into
N N. The Fallopian Tubes.
O O. The Corners of the Uterus, (it is at this point that the Ova descends from the Fallopian Tube into the Uterus.)
P P. The Ligamenta Lata.
Q Q. The Ligamenta Rotunda, containing the Arteries and Veins which join the Clitoris, and Pubes.
R R. The Ossa Pubes.
S. The Erector Clitoris Muscle.
T. The Crura, Clitoridis.
U U. The Ureters.
V. The Bladder.
W. The Rectum.
X X. The Ossa Illia.
Y Y. The Acetabula.

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Z Z. The Ossa Ischia.
a a. The External Spermatic Nerve.
b b. The External Cutaneous Nerve.
c. The Urachus, a ligament connecting the Bladder to the Navel.
d d. The Labia Externa.
e e. The Labia Interna, or Nymphæ.
f. The Clitoris.
g. The Glands of the Clitoris.
h. The Orificè of the Urethra, or common outlet for the Urine from the Bladder (which is here dotted).
i i. The Rugose portion of the Vagina.
j. The Hymen.
k. The Fossa Navicularis.
l. The Anterior Perineum.
m. The Posterior Perineum.
n. The Anus.
o o. The Cut edge of the Fascia, and Cellular Substance of the Mons Veneris.
p p. The cut edge of the Abdomen.

ANATOMICAL EXPLANATION

OF THE

INTERNAL PARTS OF GENERATION IN THE FEMALE.

ILLUSTRATED BY PLATE IV.

The Uterus, Matrix, or Womb, is situated in the *Pelvis*, in the *Hypogastric region*, between the *bladder* and the *rectum*, with which it is connected—it is naturally placed in an oblique situation, with its upper end a little forward; but the obliquity varies according to the state of the bowels, with which it is in contact. It is of a *triangular figure*, and a little flattened *before* and *behind*, but more so *anteriorly;* is large *above*, small *below*, and has two angles at its upper and lateral parts, called *corners of the Uterus*. It is distinguished into *Fundus*, or *upper part*, which includes the space above the insertion of the *Fallopian Tubes*, the *body* or *middle*, and *Cervix* or *under part*, the two last being nearly of equal length.

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The extent and figure of the UTERUS varies considerably in different subjects. In women who have never been pregnant it is commonly about two inches and a half in length, from one inch and a half to two inches in breadth at the *Fundus*, and about half as broad at the *Cervix;* it is near an inch in thickness, and is larger in women who have borne children than in virgins.

The Cavity, like the external part of the Uterus, is of a triangular form, but is small in proportion to the size of the organ, being scarcely capable of containing the kernel of an almond, and has its sides closely applied to each other.

It is covered externally through its whole length with a smooth polished coat, continued from the *Peritoneum*, which, after covering the beginning of the *Vagina*, especially at its under or back part, is reflected forwards upon the *Bladder*, backwards over the *Rectum*, and laterally towards the sides of the *Pelvis*.

Its substance is of a compact, cellular, and fleshy nature, and plentifully supplied with blood vessels; the *fleshy fibres*, however, are seen only in the *Gravid Uterus*. It is remarkably *vascular in its body*, less so in its *Cervix*, and is nearly of the same thickness throughout, excepting at its corners, where the *uterine* or *Fallopian Tubes* terminate.

It is lined with a fine and very vascular membrane, of a somewhat porous and villous appearance, in which the arteries terminate, which discharge the *Menstrual Fluid*.

The *cavity of the Cervix* has two small longitudinal lines projecting in it, one in the *anterior*, the other in the *posterior* part, on each side of which are numerous *Rugæ*. The *Rugæ* run in an oblique transverse direction, and are formed not only by the inner membrane, but also by the fibres which compose the body of the *Uterus*.—*See* Plate V., Fig. 1.

Between the *Rugæ* are many small Follicles, which discharge a Mucous for lubricating the parts near which they are placed.—*See* Plate V., Fig. 5.

The under part of the *Cervix* projects into the *Vagina*, somewhat in form of the *Glans Penis*, and is perforated by a transverse slit termed *Os Internum* Uteri—*See* Plate III., Fig. 4, D; or from the resemblance of this part to the mouth of the Tench, has been named *Os Tincæ*.

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The *Os Tincæ*, in a *virgin Uterus* (*as shown in* PLATE III., Fig. 4, C D), is about the size of the *orifice* of the *Urethra in the male*, but nearly *twice* as large, in the *Uterus* of a *woman* who has borne children.

It is *smooth* on its external surface, is placed obliquely, in a direction towards the back part of the *Vagina*, and is surrounded by several *Mucous Follicles*;—the *Appendages* of the *Uterus*, are, the *broad* and *round ligaments*, the *Ovaria*, the *Fallopian Tubes*, and the *Vagina*.

The Ligamenta Lata are two *membranous doublings* of the *Peritoneum*, sent from the *edges* of the *Uterus*, and *posterior extremity* of the *Vagina*, in a *transverse direction*, to be fixed to the sides of the *Pelvis*. The *Uterus*, and *Ligamenta Lata*, separate the *Pelvis*, into *anterior* and *posterior* cavities, or chambers, and the *Ligamenta Lata* are subdivided into large and small, or *anterior* and *posterior Alæ*, or *pinions*.

The *Ligamenta Lata* contain, and support the *Ovaria*, and *uterine tubes*, with part of the *spermatic* and *uterine vessels*, and *nerves*, inclose a portion of the *Ligamenta Rotunda*, &c., connect the *Uterus* to the sides of the *Pelvis*, and assist in retaining it in its place.

THE LIGAMENTA ROTUNDA, are *two* long and slender *cords*, composed chiefly of *blood-vessels*, and *Ligamentous fibres*. They arise from the corners of the *Uterus*, immediately *before* and *below* the *Fallopian tubes*, from which they descend obliquely in the *Ligamenta Lata*, diminishing a little in their course towards the *Groins*. They pass *through the Rings of the Abdominal Muscles*, in the same manner as the *spermatic cords* do in the *Male*, and are afterwards inserted by separate branches, into the *upper* and *lateral* parts of the *Pudendum*, where they are insensibly lost. They assist the *Ligamenta Lata* in preserving the equilibrium of the *Uterus*.

THE OVARIA, anciently called *Testes Muliebres*, are situated at each side of the womb, and are contained in the *posterior pinions* of the *Ligamenta Lata*, which form a coat to them, similar to the *Tunica Albuginea Testis* of the male.

The Ovaria, are plain above, and prominent, and semi-oval below, flattened at their *anterior* and *posterior* surfaces; and the size of each, when in a state of the *greatest maturity*, is nearly equal to that of *half of the Male Testicle*.—*See* PHYSIO-

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LOGY OF MAN, Plate VI. In the vigour of life, they are *large*, *uniform*, and *smooth*, but become *small*, *unequal*, and *shrivelled*, in *old women*, and in those who have borne many children. This unequal appearance, however, is greatly owing to the habit of body, as it is frequently met with in a *young Adult Virgin*.

They are attached to the *Uterus* by the *Ligamenta Lata*, and by two small cords, termed *Ligamenta Rotunda Ovarii*, which were mistaken by the ancients, for *vasa deferenti*, carrying a secreted liquor to the *Uterus*. They are composed *internally* of a loose, whitish, *cellular*, or *spongy substance*, intermixed with *vessels* and *nerves*, and contain a number of small *vesicles*, called *Ova*, filled with a *limpid fluid*, which partakes of the qualities of the white of an egg. These *vesicles* differ much in size, in the same *Ovarium*, the *largest* of them are seldom equal to the size of a *small garden pea*, and are commonly placed *nearest* the surface. The number of *Ova* is differently estimated by different anatomists, from *ten*, to *twenty*, and upwards, having been found in one *Ovarium*.

According to experiments made by Mr. HUNTER, it is ascertained that the number of existing *Ova* in each *Ovarium*, whether that number be *great* or *small*, may be *diminished*, but cannot be *increased*. The *Ovaria* serve for the nourishment of the *Ova*, which contain the *rudiments* of the *Fœtus*. The *Uterine*, or *Fallopian tubes*, compared in shape, by Fallopius, to that of a *trumpet*, are two *conical*, and *vermiform canals*, attached to the *corners of the Uterus*, and *terminate in it*, each by a small opening, which scarcely admits the entrance of a bristle. They become gradually larger, in their passage towards the sides of the *Pelvis*; near the *outer* extremity they are *convoluted*, and considerably *dilated*, but are afterwards suddenly *contracted*, and terminate by *open mouths* (sufficiently large to admit the point of a goosequill). The outer ends are *free*, and *fluctuating* in the *Pelvis*, and expand into many irregular jagged or pointed processes, called *Fimbriæ*, which are considerably longer at *one side* of the tube *than the other*. Each of them are commonly between four or five inches in length, and are contained in a doubling of the *Ligamenta Lata*. In their natural situation, they lie near the *Ovaria*; but when drawn out, extend about an inch distant from the *Ovaria*.

The structure of the tubes is nearly the same as that of the *Uterus*, and, like it, they are capable of *dilatation* and *contraction*.

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Their inner side, however, is of a *different nature;* being furnished with many small longitudinal *folds*, they have a muscular appearance, and are most conspicuous towards the outer extremities. They have a very large proportion of *blood-vessels*, which run between their outer and inner membrane.

The tubes are supposed to convey the *prolific part of the male semen* from the *Uterus* to the *Ovaria*, in order to *fecundate the Ova*, and by *grasping* that part of the *Ovarium* where the *ripest Ovum* is situated, to carry the *Ovum*, according to some authors, or *its contents only*, according to the opinions of others, to be mixed with the *male semen*, and to be lodged in the *cavity of the Uterus.*

They have been observed, in a few instances, in *Females* who have been *killed soon after Coition*, *embracing* the *Ovaria* by means of their *Fimbriæ*—(*See* PLATE V., Fig. 2).

THE VAGINA, is a *membraneous canal*, which extends from the *neck* of the *Uterus*, to the *opening* of the *Pudendum.*

The *dimension* of the *Vagina* corresponds with the size of the *Penis in the male*, but *vary* according to the *temperament* of the *body*, and become larger in women that have borne children.

The body of the *Vagina* is composed of *thick*, *strong*, *membraneous* parts, which are very *dilatable*, and plentifully supplied with blood-vessels. It is furnished *internally* with numerous irregular *Rugæ*, or *wrinkles*, and *nervous papillæ;* the *former* of which considerably diminish the *capacity* of the *canal;* and the *latter*, add to its *sensibility.*

The *Rugæ* run in a *transverse direction*, and are so disposed as to divide the *vagina* into the *anterior* and *posterior* columns, which join together *laterally*, and produce a *Raphé*, at the right and left sides.

They are deepest, largest, and most crowded, upon the *anterior*, and towards the outer part of the *Vagina;* are most conspicuous in *Virgins*, less so in *married women*, and become more and *more effaced* in those who have borne children. *The Rugæ* augment the *friction* during *Coition*, and facilitate the distention of the *Vagina* during *Child-birth.* The whole extent of the *Vagina*, particularly towards its outer extremity, is furnished with *small Follicles*, the *orifices* of which can frequently be seen. They supply a *Mucus*, with which the *canal* is always *lubricated*, and which is *discharged*, in *time of Coition*, in such

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abundance, as to have been formerly considered as an *emission* of *female semen*. The outer end of the *Vagina* is covered on *each side* by a substance composed of *blood-vessels* and *cells* similar to those of the *Penis*, and described by DE GRAAFE, under the name of *Plexus Reteformis*, and by later anatomists, under that of *Corpus Cavernosum Vaginæ*.

THE CORPORA CAVERNOSA are covered by the *Sphincta Vaginæ*, the *action* of which, together with the *dilatation* of these bodies, serve to *contract* the entry of the *Vagina in the time of Coition*. The *Vagina* receives the *Penis* and *Semen*, and *conveys* from the *Uterus* the *Menstrual Flux*, the *Fœtus*, the *Secundines*, and the *Lochia*.

THE UTERUS, with its *Ligaments*, *Ovaria*, and *Uterine tubes*, are supplied with blood from the *Spermatic* and *Uterine arteries*.

THE SPERMATIC ARTERIES *arise* from the *Aorta*, as in the *Male*, and *descend* for some distance through the *Abdomen*. They run next in the *Ligamenta Lata*, to be dispersed upon the *Ovaria*, and Uterine tubes, and afterwards, upon the *Fundus* of the *Uterus*. In the progress of their course, they have a serpentine appearance (as shown in PLATE IV., D E).

THE UTERINE ARTERIES are derived from the *Internal Iliacs*, and are much larger than the *Spermatics*. They direct their course, first to the under part of the *Uterus*, after which each splits into the proper *Uterine* and *Vaginal Arteries*. *The Uterine Arteries* ascend along the edges of the *Uterus*, and near its upper part join the *Spermatic Arteries*. The *Vaginal Arteries* run along the lateral parts of the inner portion of the *Vagina*.

Chiefly from the *Uterine*, and partly from the *Spermatic Arteries*, many small branches are furnished, which run in a serpentine manner, and communicate with their fellows in the opposite sides of the *Uterus*, so as to supply the whole substance of that *Viscus*.

The *Vagina* is supplied on each side by the *Vaginal Arteries* from the *Uterine*, and by small branches from the *Umbilical*, middle *Hœmorhordal*, and *Pudic Arteries*. The *Spermatic Veins*, in passing from the *Ovaria* and *Uterus*, form a complicated *Plexus*. They have the same termination as in the *male*, but are considerably larger. The other *Veins* run into the *Internal Iliacs*.

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THE LYMPHATICS, like the *blood-vessels*, run also in *two sets*. Those of the *one Set* accompany the *Spermatic blood-vessels*, and, like the absorbents of the *Testes* in the *Male*, go to the *Lumbar Glands*. Those of the *other*, correspond with the *Hypogastric blood-vessels*, and terminate in the *glands* at the *lateral parts* of the *Pelvis*. The *Nerves* are from the *Lumbar*, *Sacral*, and *Great Sympathetics*. The *Uterus*, by means of the *Fallopian tubes*, receives from the *Ovaria* the *rudiments* of the *Fœtus*, nourishes it, and, after bringing it to maturity, expels it through the *Os Internum Uteri* and *Vagina*.

From the *Arteries* of the inner surface of the *Uterus*, the *Menstrual Evacuation* is also discharged.

THE MENSES, or COURSES, commonly make their appearance in this country about the fourteenth year, but sooner in hot climates, and often later in colder regions; the commencement is affected also by the nature of the constitution, and manner of living. After the periodical Evacuations have begun, they recur generally every fourth week, while the person is in perfect health, though the period varies a little in different women. They cease during pregnancy and suckling, but there are now and then instances to the contrary.

The duration of each *Menstruation* is also various; in general, it continues to flow for three or four days, in which time five or six ounces are commonly discharged. But the duration and quantity are in general less in the robust females, and in cold climates, and more in those of relaxed habits, or living in hot countries.

From the surface of the *Vagina* part of the *Menstrual flux* has by many been also supposed to be derived, but those who have seen the discharge from the *Uterus* in case of a *Prolapsus* of that organ, do not take notice of having observed any evacuation from the *Vagina*.

The *Menses* commonly disappear about the forty-fifth year, but before in women, where they have begun most early. After this period impregnation does not usually take place.

According to experiments made by Mr. BRANDE upon the *Menstrual discharge* collected from a woman with a *Prolapsus* of the *Uterus*, it had the properties of a very concentrated solution of the colouring matter of the *Blood*, in a diluted *Serum*, though he could not detect any traces of iron by the usual mode of analysis.

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DESCRIPTION TO PLATE V.

FIG. 1.—*Represents the Womb and Vagina laid open.*

A A. THE SPERMATIC VESSELS (running into the Ovaria).
B B. THE OVARIA.
C C. THE FIMBRIATED EXTREMITIES of the Fallopian Tubes.
D D. THE FALLOPIAN TUBES.
E E. THE WOMB.
F F. A Longitudinal Section of the UTERUS.
G. THE OS TINCÆ, or orifice of the Womb, laid open.
H. HYDATIDS, upon the mouth of the Uterus.
I I. THE LIGAMENTA LATA.
J J. THE LIGAMENTA ROTUNDA.
K K. THE VAGINA, laid open.
L. THE ORIFICE of the URETHRA.
M M. TWO VENTRICLES, in the vestibule of the Vagina.
N. THE CLITORIS, with surrounding prepuce.
O O. THE CARUNCULÆ MYRTIFORMES.
P P. A Section of the LABIA, or LIPS.
Q. Q. THE NYMPHÆ.
R R. THE LABIA EXTERNA.

FIG. 2.—*Represents the Uterus of a Woman who was killed a few hours after Coition.*

A B. A FLUID found in the cavity of the Uterus, and at the Os Internum Uteri, supposed to be the Male Semen.

FIG. 3.—*Represents the Uterus, with an imaginary view of Conception.*

A A. THE SPERMATIC VESSELS, running into
B B. THE OVARIA, which is here represented being *grasped* by
C C. THE FIMBRIATED EXTREMITIES of
D D. THE FALLOPIAN TUBES, through which the *compressed* ovum, or "*albuminous drop*," escapes from
E E. THE OPENING of the FALLOPIAN TUBE, into
F F. THE INTERIOR of the WOMB, and is supposed to mingle with G, the MALE SEED.
THE ORIFICE of the WOMB (through which the male seed passes).
THE VAGINA, laid open.

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DESCRIPTION OF THE CONTENTS OF THE WOMB AFTER IMPREGNATION.

When the *rudiments* of the *Fœtus* have been conveyed from one of the *Ovaria* into the cavity of the *Uterus*, through the medium of the corresponding *Uterine tube*, whether in the state of a fluid only, or of a complete *Ovum*, Impregnation is *said to have taken place.*

The rudiments of the *Fœtus* have been supposed to come from the father, or from the mother, or from both; at any rate, it is ascertained that something absolutely necessary for conception is derived from the *Ovaria*, and that in consequence of a stimulus given by the *male semen*, the rudiments of the child proceed from the *Ovaria* through the tubes into the *Uterus.*

In the case of a single child, the rudiments come from one of the *Ovaria*, and go through the corresponding tube. When there are *twins*, *a Fœtus* sometimes comes from each *Ovarium*; at other times, the two come from one *Ovarium* only.

Some days after impregnation, an *ovum*, consisting of a *vesicle* filled with a *limpid fluid*, is found in the cavity of the *Uterus.*

The ovum, when first *visible*, is observed to have a *smooth surface*, but in a short time *after*, it sends out *flecculent branches* (*see* Plate V., Fig. 1, 2, 3, 4), the greater part of which are by degrees converted into a *Placenta*, at that part of the *Uterus* where the *Ovum* happens to be first attached (*see* Plate VI., Fig. 6, 7), the branches covering the rest of the *Ovum* becoming *matted* together, form part of what is called *spongy Chorion.*

The Ovum, at an early period of *gestation*, consists of a *thin membranous capsule*, which encloses the *embryo* or *germ*, with the *Umbilical cord*, and *waters*: and the *capsule* again consists of an internal membrane, called *Amnios*, on the *outside* of which is *another*, termed *true Chorion*, which is thicker and stronger than the former, and thicker in the early than the late periods of *Pregnancy.* This is covered with a *filamentous* and *spongy substance*, named by Ruysch, *Tunica Filamentosa*; and by more modern authors, the *false*, or *spongy Chorion.*

The *Spongy Chorion* is described by Dr. Hunter as consisting in *early gestation* of *two layers*, one lining the *cavity* of the *Uterus*, and termed by him *Membrana Decidua*, from being supposed to be cast off from the *Uterus*; the other covering the *outer* surface of the *true Chorion.*

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The *Decidua* is least distinct between the *Uterus* and *Placenta*, being there perforated by the uterine vessels.

In advanced *gestation*, the *inner* surface of the *Decidua* and *outer* one gradually approach *each other*, and unite into one membrane, which retains the name of *spongy Chorion*, or *Decidua*.

Between the *Amnios* and *Chorion*, a large proportion of *gelatinous fluid* is contained in the early months, which separates them at a considerable distance from each other.

At this period a small *bag*, filled with a *milky-like fluid*, is observed on the *Amnios*, near the insertion of the *Umbilical cord*, and is termed *Vesiculæ Umbilicalis*, *vel alba*.

The *Vesiculæ Umbilicalis* is connected to the cord by a *filament*, consisting of an *artery* and *vein*, branching from the *Umbilical vessels*, which, with the fluid and bag, soon disappear.

In *early gestation*, the *Ovum* is *large* in proportion to the *embryo*; but towards the latter period of pregnancy, the *proportion* is *reversed*.

No well authenticated account has yet been received of the *embryo* being observed until near the end of the *third week*, when it is found to be about the eighth of an inch in length, and to appear like an *oblong curved vesicle* (*see* PLATE VI., Fig. 5, 6, 7), floating in the limpid liquor of the *Ovum*.

In the *fourth week*, the *Ovum* is about the size of a *pigeon's egg*, and the *embryo not larger* than a common *house-fly* (*see* PLATE VI., Fig. 5; this ovum contained a very small embryo).

At the end of the *sixth week*, the *embryo* is about as large as a *honey-bee*, with the head turned forwards, towards the farther extremity of the trunk (*see* PLATE VI., Fig. 6). The *size of the head* is *almost equal* to that of the *rest of the body*. The *eyes* and *mouth* appear evident.

In the *eighth week*, the *Ovum nearly equals* the bulk of a *hen's egg*, and the *embryo* is about *an inch* in length. The *nose* and *ears* now begin to be visible; the *limbs extend beyond the trunk*.

The *cord* is at this period *almost as long as the embryo*, but the vessels run parallel to each other, nor do they receive their *twisted appearance* until a few weeks afterwards (*see* PLATE VI., Fig. 7).

About the end of the *third month*, the *Ovum* is of the size of a *goose's egg*, and weighs about *eight ounces*, while the *embryo* is

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between *two* or *three ounces in weight*, and *three inches in length;* the *head* and *extremities* being now distinctly observable, *it obtains the name of* FŒTUS, which it *retains from this time* until the end of *gestation* (*see* PLATE VIII., Fig. 1).

Towards the end of the *fourth month*, the *motions* of the child begin *to be felt by the mother*, in consequence of which, the term *quickening* has been applied.

In the *sixth month*, the *Placenta* and *Membranes* weigh *seven or eight ounces*, the *Fœtus twelve or thirteen*. It is then *eight or nine inches* in *length*, and perfect in all its *external* parts.

In the *seventh month*, the *Fœtus* is about *twelve inches* in length.

At *Birth*, the *Secundines* weigh between *a pound* and *a pound and a half;* the *Fœtus* is then *six* or *seven pounds*, and is from *eighteen* to *twenty-two inches* in length.

CHANGES PRODUCED IN THE WOMB, AND UTERINE SYSTEM, BY IMPREGNATION.

Immediately after Impregnation, a large *Orifice* is constantly observed in the *Ovarium*, leading to a cavity in that part of it from whence the *rudiments* of the *Fœtus* have been derived.

This *cavity* appears first *flocculent*, and is afterwards filled up during *Gestation*, though sometimes not until several months afterwards, by a *granulous substance*, which has the name of *Corpus Luteum*, from the *yellow appearance* it assumes, especially in *quadrupeds*.

The *Corpus Luteum* is of a *roundish* or *oval form*, and is not found until after *Impregnation*, and continues until the end of *pregnancy*, when it gradually *vanishes*, but leaves a *scar* in the *Ovarium*, which continues *for life*.

After the *embryo* is received into the *cavity* of the *Uterus*, the *uterine* extremities of the tubes are closed by the *membrana Decidua;* the *os Tincæ* is shut up by a *ropy Mucus* secreted from the *follicles* in the *cervix Uteri*, *which excludes the air and prevents the chance of* ABORTION; the *Menses* cease to flow, and the *Uterus* by degrees is changed from a *triangular* to an *oval* form.

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From the influx of *blood*, to the substance of the *Womb*, and from the growth of the *Ovum*, the cavity of the *Womb* gradually enlarges from a size capaple only of admitting an almond, to that which contains the full-grown *Fœtus*, the *secundines*, and *waters*, composing, together, a mass equal to *nine or ten pounds in weight*.

The *size* of the *Womb* varies in different women, according to the size and number of the *Fœtuses*, and the *quantity* of *fluid* contained in the *ovum*.

For the two first months the *Womb* increases so *little*, as to remain in the *cavity* of the *Pelvis*, and it is generally after the *third month* it can be felt above the Symphysis Pubis.

In the fourth month, the *body* of the *uterus* increases to about five inches in length, and acquires much additional *size* and *weight*.

After this time, its bulk increasing, it presses against the pelvis, and ascends in the abdomen, carrying the *os Tincæ* higher than its original situation, at the same time elongating the *Vagina*.

In the fifth month, the uterus renders the *abdomen* terse, and forms a sort of ball between the *Pubis* and *Umbilicus*.

In the sixth month, it extends about four inches above the Pubis, the length varying according to that of the *Abdomen* and *Ovum*, and *continues to rise* through the *whole* remaining *period* of *gestation*.

In the seventh month, it reaches the *umbilicus*. In the *eighth*, is half way between *that* and the *sternum*. At last it touches the *scrobiculus cordis*, *stomach*, and *colon*, being now about a foot in length, from the upper to the under extremity, occupying the whole of the umbilical and epigastric region, and having the intestines at the upper, lateral and posterior parts of it.

In the progress of gestation, the whole uterus, or womb, becomes softer and looser, in consequence of which it readily changes its form, and accommodates itself to the pressure of the child, or of any of the adjacent viscera.

The arteries in their course are remarkably *convoluted*, fully as much so as they are *previous* to *conception*, and greatly more so than the corresponding veins.

The veins are much *larger* than the *arteries*, their diameters being such as to have distinguished themselves by the name of

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sinuses; and to them the great bulk of the *Uterus* is chiefly owing.

The orifice of the Uterus changes from a transverse *slit* into an *oval pit*, and in women who have borne several children, it is considerably *dilated* near the end of *gestation*. There is now merely the *mucous* as a *septum* between the *uterus* and *vagina; this* comes *away* before parturition, along with the *liquor amnii*, the *follicles*, which form this *mucous*, throwing out afterwards a thinner fluid to lubricate the parts.

In the *enlarged state* of the *Uterus*, the muscular fibres, though pale, are distinctly seen. They form *fasceculi*, which run in various directions, but cannot be traced far without interruption. They are variously described by different authors; their course, however, is such, that they are capable of contracting the *uterus* in all its dimensions, during the time of delivery. *The muscular fibres* of the *Uterus* assist in the delivery of the child, and expulsion of the *Placenta*; and in a few weeks after delivery, the *Uterus*, partly by the contractile power of these fibres, and partly by that of the *blood-vessels*, is *restored to near its former dimensions.*

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ABORTIONS AT DIFFERENT PERIODS OF GESTATION.

DESCRIPTION TO PLATE VI.

FIG. 1.—AN ABORTED OVULE, supposed to be about twelve days old.

FIG. 2.—THE SAME OVULE, highly magnified.

FIG. 3.—AN OVUM FECUNDATED, expelled from the *Uterus* entire.

FIG. 4.—A FECUNDATED OVUM, of nearly the same size as Fig. 3; *no solid substance* was found in its *cavity*.

FIG. 5.—AN ABORTED OVULUM at the fourth week of *Gestation*. The *ovulum* was completely *covered* with *tomentum* (which is formed of Fibres); among the fibres little *Knots* appeared, which are considered as belonging to the *placenta*; the *ovulum* was filled with a *pure fluid*, and contained a very *small embryo*.

FIG. 6.—AN ABORTED OVULUM at the sixth week of *Gestation*. The *filaments* covering this *ovulum* were shorter than Fig. 5, and without knots; the *Vesicula* was of an oval form, and contained a *clear fluid*, the *embryo* adhered to the *ovulum* by a short *umbilical cord*, the size of the head nearly equalled the rest of the body, without any appearance of either eyes or mouth.

FIG. 7.—AN ABORTED OVULUM, *of uncommon size*, at the eighth week of *Gestation*. The *body of the embryo* is curved, the *eyes*, *mouth*, and *nostrils* are distinct, but the openings could scarcely be seen, without the assistance of an eye-glass; *the extremities*, though *short*, could be readily distinguished. This *embryo* was supposed to be of the Female sex, from two small holes, that were seen in the lower part of the trunk.

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DESCRIPTION TO PLATE VII.

FIGURE 1,

Represents TWINS between eight and ten weeks old, their membraneous coverings were cut open, to show the Placentæ, and Umbilical Cord, attached to each Fœtus.

FIGURE 2,

Represents an OVUM, between five and six weeks old, dissected.

A A. THE CAVITY OF THE CHORION.

B B. THE RUDIMENTS OF THE PLACENTA.

C. THE PRESUMED BIFURCATION OF THE VITALINE CORD, which is attached to

DD. THE VISCERA AND ABDOMEN.

FIGURE 3,

Represents an OVUM of six weeks old, dissected.

A. THE CHORION.

B. THE UMBILICAL CORD.

C. THE ABDOMINAL VISCERA.

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ABORTIONS AT DIFFERENT PERIODS OF GESTATION.

DESCRIPTION TO PLATE VIII.

FIG. 1.—*An Aborted Ovulum, with a Fœtus of Three Months old, enclosed within its Membranes as in an egg, floating in its own liquor.*

A. THE FŒTUS, with a large head and prominent eyes, as is generally the case in this state, appearing through the transparent liquor and membranes.

B B. THE EXTERIOR LAYERS OF THE CHORION full of vessels depending like small roots.

C C. THE TRANSPARENT COATS OF THE FŒTUS, from which the vascular part has been separated, to show the Fœtus surrounded by its fluid.

D. THE UMBILICAL CORD.

FIG. 2.—*A Fœtus in Utero, Four Months old, part of the Uterus, Bladder, and Pubis Bone cut off.*

A A A A. SECTION OF THE OSSA INNOMINATA.
B B. SECTION OF THE UTERUS.
C. THE FŒTUS, with the head turned towards the under part of the Pelvis.
D. THE LIGAMENTA ROTUNDA.
E E. THE UMBILICAL CORD.
F. THE PLACENTA, the side next the Fœtus covered by the Chorion and Amnios.
G G. THE MEMBRANE ADHERING TO THE UTERUS.
H. THE CERVIX UTERI, from which the bladder has been dissected.
I. THE OS INTERNUM UTERI.
K K. THE LIGAMENTA LATA.
L L. A SECTION OF THE VAGINA.
M M. CELLULAR SUBSTANCE.
N N. THE INTEGUMENTS OF THE NATES.
O. THE ANUS.

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DESCRIPTION TO PLATE IX.

FIG. 1.—*An Aborted Ovum of Five Months.*

In describing the OVUM, the situation is here chosen in which most of its parts, without changing their place, might appear through the *pellucid membranes*. Part of the surface of the OVUM appears, which belonged to the inner or left side, while it remained *in Utero*. The *liquor* is less in proportion to the size of the *Fœtus* than in early gestation, but sufficient to keep the OVUM equally distended, and of the oval form.

The surface of the OVUM is everywhere covered with a filamentous substance, which, however, is more abundant and shaggy where the *Placenta* is formed, as is seen at the upper and left side.

A A. THE SPONGY CHORION, or filamentous covering of the Ovum.
F. THE HEAD OF THE FŒTUS.
G. THE ARM.
H. THE THIGH.

FIGURE 2.

Shows the same OVUM dissected, exhibiting the three membraneous coverings—*the Spongy Chorion* is seen on the outside, the *true Chorion* in the middle, and the *Amnios*, which is left entire, is observed on the inside; the branching of the Umbilical Cord is sufficiently distinct.

A A. THE SPONGY CHORION.
B B. THE TRUE CHORION.
C. THE BRANCHING OF THE UMBILICAL VESSELS
D D. THE AMNIOS.
E. THE UMBILICAL CORD.
F. THE HEAD OF THE FŒTUS.
G. THE ARM.
HH. THE LEGS.

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ABORTION.

ABORTION, in Midwifery, is the premature exclusion of the fœtus from the womb. The practice of procuring abortion was prohibited by the ancient Greek legislators Solon and Lycurgus. Whether or not it was permitted among the Romans has been much disputed. It is certain the practice, which was by them called *viscerribus vim inferre*, was frequent enough; but whether there was any penalty on it before the Emperors Severus and Antonine, is the question. Noodt maintains the negative; and further, that those princes only made it criminal in one particular case; viz., that of a woman practising it out of resentment to her husband in order to defraud him of the comfort of children: this was ordered to be punished by a temporary exile. The foundation on which the practice is said to have been allowed, was, that the fœtus, while in *utero*, was reputed as a part of the mother; ranked as one of her own viscera, over which she had the same power as over the rest: besides, that it was not reputed as a man—*homo*; nor to be alive otherwise than as a vegetable; consequently, that the crime amounted to little more than that of plucking unripe fruit from the tree.

Binhershoeck denies that a woman was allowed by the Romans to drink with impunity the *poculum abortionis*, or to procure abortion by medicines; and the reason he gives is, that the womb

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was the husband's property, who was declared by the laws the sole custos of it; to prevent being imposed upon in the children he was necessitated to bring up. But this does not affect women who had been impregnated by others than their husbands (See *Juvenal Lat.* vi. 5. 500).

Seneca represents it as the peculiar glory of Helvia, that she had never, like other women, whose chief study is their beauty and shape, destroyed the fœtus in her womb.

The primitive Fathers declaimed loudly against the practice. Several councils have condemned it; yet we are told that the modern Romish ecclesiastical laws allow of dispensation for it. Egane mentions the rates at which a dispensation may be had.

The ancients have handed down to us the different modes in which abortion could be effected. Hippocrates recommends certain gymnastic feats; others have mentioned various medicines of the deobstrunent kind; Tertullian has a passage which shows how the same was practised in his time which modern science, however we may deprecate the practice, must needs confess to have been the best adapted to effect the object desired.

Hippocrates, in the oath he would have enjoined on physicians, includes their not giving the "*Pessus abortions*," though elsewhere, with singular inconsistency, he gives the formal process whereby he himself procured, in a young woman, a miscarriage.

Dr. Granville, in his report, says, "Although abortions are so frequent in London, their consequences are neither so serious, nor so much to

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be apprehended as people are apt to imagine, provided proper care be paid.

Abortion is so common to pregnant women, that it frequently takes place without the woman being conscious of having aborted; merely considering that the clot which passed away was only an irregularity, or coagulated portion of the menstrual evacuation. It is difficult to tell when abortion takes place in the first month or so, *unless the clot is cut open;* when, if it is an *abortion*, a white gelatinous fluid will be found in the centre of the clot. (See Plate VI. Fig 5.) If the Abortion is after the sixth week, the fœtus will be visible. When abortion has taken place, great care ought to be taken of the patient, as there is generally a great discharge of blood, in consequence of the muscular parts of the womb not being strong enough to contract, and close the opening of the womb after the ovum has passed through.

Immoderate anger, fear, joy, or any other strong emotion of the mind, acting upon a delicate system, will often produce abortion.

The physical causes, such as dysentery, colic, tenesmus, piles, worms, stranguary, diarrhœa, violent exercises, coughing, laughing, vomiting, *strong purgatives, emetics,* or too frequent coition, will often act upon the uterine vessels, and produce abortion. Sometimes abortion proceeds from local debility of the womb, malformation of the fœtus, and in some cases where the fœtus is dead.

The signs of abortion are, a frequent desire to evacuate the bladder, pains in the loins, back,

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groin, lower part of the abdomen, with a bearing down, and discharge of blood from the vagina; which proves that some portion of the membrane of the ovum is separated.

The treatment for the restoration of health after abortion, consists in rest and quietness, lying flat on a sofa or bed, and quieting the nervous system by a full dose of morphia, or the sedative preparation of opium; and, if requisite, oiled lint may be put into the vagina, so as to plug it, and compress the opening of the womb, which will stop the passage, and prevent flooding and loss of blood. It may be right to mention, also, the necessity of swathing the body in cases of abortion, as if the child had been delivered at the full time.

In full habits, venesection must be employed, and applications of ice, or cold lotions, to the lower part of the abdomen, with opium internally.

In consequence of the extreme nervousness Ladies suffer in applying personally for advice, Advice and Remedies applicable to their Cases, may be obtained, and forwarded "to any Address, or left at a Booking-office, under Initials," by stating the duration of the complaint, symptoms, age, and general habits of living, and occupation in life of the party, addressed either to Dr. or Mrs. Goss, 55, Great Queen Street, Lincoln's Inn Fields, London.

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VIEW OF THE WOMB AT THE FULL TIME OF PREGNANCY.

DESCRIPTION TO PLATE X.

Figure 1.

AA. The Thighs.
B. The Spine, cut through, above the Diaphragm
C. Part of the Eighth Rib.
DD. The Integuments & Muscles, cut through.
E. The Abdominal Muscles, &c., turned down.
FG. The Mons Veneris, divided and turned aside
H. The Under and Back Part of the Right Cavity of the Thorax.
I. The Aorta, tied up.
J. The Esophagus, also tied up.
K. The Upper Surface of the Diaphragm.
L. The Inferior Cava, tied.
M. The Cut Edge of the Pleura.
N. The Cut Edge of the Peritoneum.
OP. The Great and Small Lobe of the Liver.
Q. The Umbilical Ligament of the Liver.
RS. The Colon & Beginning of the Omentum.
T. Part of the Small Intestines.
U. The Uterus.
VW. The Round Ligament & Fallopian Tube.

Figure 2.

A. The Mons Veneris.
B. The Symphisis Pubes.
C. The Bladder.
D. The Vesico Vaginal Septum.
E E. The Os and Cervix Uteri, showing the situation of these parts, previous to Labour
F. The Perinœum.
G. The Meatus Urinarius.
H. The Clitoris.
I. The Remains of the Ruptured Hymen.
J. The Labium Pudendi.
K. The Vagina.
L. The Rectum.
M. The Os Coccyx.
N. The Cul de Sac, or space between the Rectum and Uterus.
O. The Os Sacrum.
P. The Last Lumbar Vertebra.
Q. The Cut Edge of the Uterus.
R. The Umbilical Cord.
S. The Fœtus, in its natural position.
T. The Intestines.

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VIEWS OF THE WOMB AT THE FULL TIME OF PREGNANCY.

DESCRIPTION TO PLATE XI.

Fig. 1.

AA. The Under and Fore Part of the Thorax
BB. The Two Upper Angles of the Integuments, Muscles, and Peritoneum.
CC. The Two Under Angles turned down.
D. The Beginning of the Point of the Cartilage Ensiformis.
E. Part of the Abdomen, laying over the Ossa Pubes.
F. The Umbilical Ligament of the Liver.
GG. The Epigastric Blood-Vessels, projecting through the Peritoneum.
H. The Small or Left Lobe of the Liver.
IKLM. The Omentum.
NN. Two Turns of the Small Intestines.
OP. The Uterus, occupying all the Umbilical and Hypogastric regions. The letter O is placed at the part which was opposed to the Umbilicus.
RR. The Round Ligaments of the Uterus.
SS. Portions of the Fallopian Tubes.
TT. Portions of the Spermatic Vessels.

Fig. 2.

A A. The Thighs.
B B. Part of the Abdomen and Peritoneum, turned over the Ossa Ilia.
C C. The Ossa Pubes, cut through above the Foramina Ischium.
D D. The Ossa Ischia, cut through.
E E. The Inguinal Arteries.
F F. The Inguinal Veins.
GHGH. The Epigastric Artery and Vein of each side.
I I. The Round Ligaments descending from the Abdomen upon the outside of the Epigastric vessels.
K. The Anterior Perinœum.
L L. The Labia Externa, cut through.
M. The Remains of the Hymen.
N. The Vagina.
O O. The Crura Clitoridis.
P. The Urethra, cut open.
Q. The Lower Extremity of the Uterus.

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CONTENTS OF THE WOMB ABOUT THE END OF PREGNANCY.

The contents of the UTERUS towards the end of Pregnancy, consist of the *Fœtus*, the *Umbilical cord*, *Placenta*, *Membranes*, and *waters*, all of which are discharged at each delivery.

The *Cord*, *Placenta*, and *Membranes*, are named the *Secundines*, or *after Birth*, with which some include the waters, though these are discharged previous to the expulsion of the child.

The *cord* is fixed by one end to the *umbilicus* of the *fœtus*, and by the other it is attached to the *placenta*, at a little distance from the *middle* of this organ; from which circumstance the extraction of the *placenta* is more easily effected.

It is commonly about *two feet in length*, sometimes considerably shorter, and often much longer; but in general it is sufficiently long to allow the *birth of the child*, while the *placenta* adheres to the UTERUS of the mother.

Its thickness is nearly equal to that of one's finger, but it is smaller, and weaker, at the extremity next the *placenta*. It is seldom of a cylindrical form, being marked with *tulci*, corresponding to the course of its vessels.

It is composed of *two arteries* and *one vein*, the vessels running in a spiral direction, like the twisting of a rope; in consequence of which the impetus of the blood is broken in its course, to the *placenta* and *child*.

The *Arteries*, especially in cases where they run some way in a straight course, or when they are of *unequal length*, frequently form short *cords* upon themselves, sometimes there is a *knot* upon the *cord*; now and then, the *navel string* forms one or more turns about the neck of the child, sometimes, though very rarely, there is only a *single artery*.

The cord is covered by a *smooth coat*, derived from the membranes; neither *Lymphatics* nor *Nerves* have ever been satisfactorily demonstrated in it.

The *Trunks* of the vessels are inclosed in a *Gelatinous, ropy, Cellular Substance*, which adds to the strength and elasticity of the cord, and allows the blood to pass freely between the *fœtus* and *placenta*, without being in danger of interruption from pressure.

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The *Vein* is much larger than the *arteries*; it is destitute of valves, and sends off no branches while running in the cord.

It arises from the substance of the *Placenta*, and, after perforating the *umbilicus*, it passes in the inferior part of the *ligamentum suspensorium* to the under side of the *liver*.

The Arteries arise from the *Iliac Arteries* of the *Fœtus*, perforate the *umbilicus* and run to the *placenta*, in the substance of which they divide into their ultimate branches, but send off no ramifications in the course through the *cord*, when they reach the *placenta*, the trunk of the one *artery* frequently forms a large *Anastomosis* with that of the other; and the ramifications of the *Arteries* communicate with those of the vein, in the manner arteries and veins do in other parts of the body.

The *Cord*, by means of the vein, conveys pure blood, of a Vermilion colour, from the *placenta*, for the nourishment of the *fœtus*, and, through the medium of the arteries, returns what is not used in nutrition, again to be mixed with the blood of the uterus, by the intervention of the *cord*, also, the *placenta* is more readily extracted.

The *Placenta or cake*, is a spongy mass, of a *round form*, though sometimes *oval* or *oblong*, occupying near a fourth part of the *ovum*, and is common to the young of many other animals.

It is about *seven or eight* inches in *breadth*, and upwards of *one inch* in *thickness*, though nearly the double of that when minutely rejected; but it is thinner at the edges where the membranes go off; while attached to the *Uterus*, it is concave next the child, and convex towards the *womb*.

The *external surface*, or that next the *uterus*, is divided into *lobules* with *fissures* between them; while the *internal*, or that *next the fœtus*, forms a regular mass, which has numerous large branches of the *umbilical vessels* dispersed upon it in a radiated manner.

In the *Placenta*, are to be observed, on the *side next the child*, the ramifications of the *Umbilical vessels* forming the principal part of its substance; on the side next the mother, branches of the *uterine arteries*, almost of the size of crowquills, passing in a convoluted manner between the *Uterus* and *Placenta*, and terminating in the latter; *veins* corresponding with these *arteries*, but

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flat and of great *size*, running *obliquely* from the *Placenta* to the *Uterus*, and, in the substance of the *Placenta*, an appearance which has been supported, by many authors, to be the common cellular membrane, of a tender nature, and easily ruptured by injection, but which is considered by late writers as a regular *spongy substance*, similar to that in the body of the *penis*, and as in that organ, the cells communicating freely with each other.

The *Placenta* is connected to the *Uterus*, on one side by *blood-vessels*, and by the *decidua*, and to the *fœtus* on the other, by means of the *umbilical cord*.

The common place of attachment is near the *fundus Uteri*, though it is found at other times adhering to other parts of the *Uterus*, not even the *os Tincæ* excepted.

In the case of *twins*, there is sometimes only one, but most frequently two distinct *Placentæ*, adhering together by the intervention of a *membrane*, in which the vessels of the two *Placentæ* occasionally communicate with each other.

There are in *this* case two distinct apartments, separated by a partition, each apartment containing its own *fœtus*, *waters*, *and cord* (*as shown in* PLATE XII).

PLATE XII.

A front view of Twins in Utero, (the Anterior parts removed.)

DESCRIPTION TO PLATE XII.

A. THE SUPERIOR PARTS OF THE OSSA ILIA.
B. THE ACETABULA.
C. THE OSSA ISCHIA.
D. THE SYMPHISIS PUBIS.
E. THE OS COCCYGIS.
F. THE CUT SIDE OF THE UTERUS.
G. THE OS INTERNUM UTERI, dilated with the waters during parturition.
H. THE INFERIOR PART OF THE UTERUS, stretched with the waters which are below the head of the child.
I. THE VAGINA.
JJ. THE UMBILICAL CORD to each fœtus.
K. THE MEMBRANES BELONGING TO EACH FŒTUS.

The Placenta receives blood from the *Uterus*, and, according to modern anatomists, purifies the blood (as the *lungs* do in the adult), for the nourishment of the *fœtus*.

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The membranes consist of the *Spongy Chorion*, or *decidua*, the *true chorion*, and the *amnios;* and these are so closely connected to each other, as to appear at first sight as a single layer, but they can be readily peeled off from each other.

The *Placenta* and membranes, form a complete bag, which lines the cavity of the *Uterus*, and enclose the *fœtus*, *umbilical cord*, and *waters*.

The *spongy Chorion* is a thick opaque substance, which adheres to the Uterus, and forms the outer layer of the *Ovum*, but scarcely penetrates between the lobules of the *Placenta*, though in the early months it enters more into the composition of that substance.

The *true Chorion*, is thinner, smoother, and more dense than the former, and is connected with the *Spongy Chorion*, as far as the edge of the *Placenta*, where it separates. It is next reflected over that surface of the *Placenta* which is opposed to the *Fœtus*, and is afterwards continued over the whole of the *Cord*.

It is *uniform* in its texture, has a *transparent* appearance, adheres to the *Spongy Chorion*, and surface of the *Placenta*, by a delicate *cellular substance*, and has no vessels visible to the naked eye, or which can be injected.

The *Amnios* lines the whole surface of the *true Chorion*, and, with it, is reflected from the *Placenta* upon the *Cord*, which it supplies with an *external* covering.

It is thinner (but at this period stronger), more compact, and transparent, than the *Chorion*, to which it adheres everywhere, by a tough jelly.

It is smooth, and polished, on the side next the fœtus, and is destitute of blood vessels.

The membranes, besides containing the *child* and *waters*, give origin to the latter, and, in the time of labour, assist in distending the orifice of the Uterus.

The waters called *Liquor Amnii*, are thinnest and clearest in the first months, after which they acquire some degree of *colour* and *ropiness*.

The *Liquor Amnii*, is chiefly composed of the *serum* of the *blood*. In its natural state, it has all the characters of the *Liquor Pericardii*, or of the liquors exhaled from the surfaces of other membranes, similar to the *Pericardium;* according to late experiments, it consists of about 98 in 100 of water, the remaining

parts being *albumen* and *saline matter*. It is supposed to be derived from the exhalant arteries of the *Amnios*.

It is proportionally greater in quantity in the *first*, than in the *last* months; at the full time, there is generally about two pounds, the proportion and quantity varying considerably in different females, and in the same females at different pregnancies.

Between the *Amnios* and *Chorion*, water is frequently collected, but in much smaller quantity than in the *Amnios*, and is termed *false water*, or *false delivery*. It is commonly discharged before the *birth* of the *child*; frequently it comes away some days previous to this without any danger.

The *Liquor Amnii* defends the *child* and *umbilical vessels* from the pressure of the *Uterus*, assists in distending the Uterus during gestation, and allows the *Fœtus* a certain degree of motion, but forms no part whatever of the *nourishment* of the *child*, that being accomplished entirely by the *blood* from *the umbilical vein*. Nor does it appear that any part of the *Liquor Amnii* is swallowed by the child, as full grown *fœtuses* have in different instances been born without a mouth.

In the time of *labour*, it also assists in *dilating* the mouth of the *Uterus*, and, by *lubricating* the *vagina*, facilitates delivery.

POSITION OF THE FŒTUS.

In the *first months*, the embryo swims in the *Liquor Amnii*, free from the pressure of the surrounding parts; and, from many dissections, and observations made by the latest anatomists, it is ascertained that the *head* preponderates, and in general continues undermost, during the whole time of gestation.

Formerly it was supposed that the *embryo*, in the first months, was situated with the head *uppermost*, and that, in the latter months, the attitude of the *fœtus* was *inverted*.

The *Fœtus*, towards the *end of gestation*, is observed to be coiled up into an oval form, so as to be properly adapted to the cavity of the *Uterus*.

The head is bent towards the *thorax*, and the arms are folded; the *knees* are drawn towards the *Abdomen*, and the heels towards the *Nates*.

The *Spine* is bent into an *arch*, and one side of the body of the *Fœtus* is frequently turned forwards.

The *head* is placed *diagonally*, with its *long diameter* corresponding to that of the *pelvis*, and the *occiput* opposed to the *os Tincæ*.

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DESCRIPTION TO PLATE XIII.

FIG. 1.—*The situation of the Testes in the Abdomen of the Fœtus, at Six Months.*

A. THE UPPER PART of the ABDOMEN.
BB. THE THIGHS.
CDD. THE PENIS and SCROTUM.
EFG. THE FLAP of the INTEGUMENTS.
HH. THE KIDNEYS.
K. THE RECTUM, filled with meconium.
LM. THE BRANCHES of the INFERIOR MESSENTERIC ARTERY.
N. THE LOWER PART of the BLADDER.
OO. THE HYPOGASTRIC, or UMBILICAL ARTERIES.
PP. THE URETERS.
QQ. THE SPERMATIC ARTERIES, somewhat serpentine.
RR. THE TESTES, placed before the Psoæ Muscles.
SS. THE VASA DEFERENTIA.

FIG 2.—*The front of the chest and Abdomen removed, exhibiting the organs of circulation in the Fœtus, at Nine Months.*

AA. THE PLACENTA.
BBB. THE CHORION.
CD. THE UMBILICAL ARTERIES and VEIN.
E. A PORTION of the UMBILICAL CORD.
F. THE VENA PORTA.
G. THE CANALAS VENOSUS.
H. THE RIGHT AURICLE.
IJ. THE RIGHT and LEFT VENTRICLE.
K. THE AORTA.
L. THE PULMONARY ARTERY.
M. THE VENA CAVA.
NO. THE RIGHT and LEFT SUBCLAVIAN VEINS.
P. THE INTERNAL JUGULAR VEINS.
Q. THE THYMUS GLAND.
RR. THE LUNGS.
SS. THE LIVER.
TT. THE KIDNEYS.
UU. THE URETERS.
V. THE BLADDER.
WAX. THE PENIS and SCROTUM.

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DESCRIPTION TO PLATE XIV.

Figure 1.

AA. The Iliac Fossa.
BB. The Crest of the Ilium.
CC. The Sacro Iliac Joints.
D. The Symphisis Pubes.
E. The Arch of the Pubes.
FF. The Tuberosities of the Ischia.
GG. The Ascetabula.
HH. The Thyroid Foramina.
III. The Foramina of the Sacrum.
K. The Last Lumbar Vertebræ.

Figure 2.

aaaa. The Oblique Diameters of the Pelvis.
b b. The Transverse Diameter of the Pelvis.
c c. The Short Diameter of the Pelvis.

Figure 3.

a a. The Coccy Pubic, or long Diameter of the outlet of the Pelvis.
b b. The Transverse Diameter of the outlet of the Pelvis.

Figures 4 & 5,

Represent the *Sutures or divisions of the several bones in the head of an infant*, which allow of the head being compressed during its passage through the Pelvis.

Figure 6.

The Natural Presentation of the infant passing the brim of the Pelvis, at the commencement of Labour.

Figure 7.

The Positions of the Head, at the commencement of Natural Labour, its descent into the *Pelvis*, and expulsion from the *Vagina*.

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DESCRIPTION OF NATURAL LABOUR.

ACCOUCHEMENT, PARTURITION, or NATURAL LABOUR, signify the expulsion of the *Fœtus* from the *womb*, and comprehend the phenomena which *precede, accompany,* and *follow* the *birth of the infant.*

The *precise time of conception* cannot be correctly ascertained; its date is differently estimated by females, and medical practitioners; some reckon from the second week after the *last menstrual evacuation*, others, from the time when the *next appearance of the menses* ought to take place.

When the expulsion of the *Fœtus* occurs before the *seventh month* of *utero-gestation*, whether it is caused by chemical or natural agencies, it is called "ABORTION." After the *eighth month* it is called *premature labour;* and after the *ninth month* it is called *natural labour;* and *preter-natural labour* if there is any malformation of the bones, or unnatural presentation.

In natural labour, the *uterus contracts*, and presses the infant into the *pelvic cavity*, exciting heaviness, irritation, and pains, which bring into action the *abdominal muscles* that are fixed to the *pelvis* and *chest*, and by the continual contracting of these muscles, the orifice of the womb gradually opens, causing the *expulsion of the infant.*

(Plate XV. Fig. 1, represents a view of the *womb*, *bladder*, and *vagina* in their natural position previous to labour commencing.)

The first stage or Period, comprises preparatory signs of Parturition, Dilatation of the Os Uteri, Rupture of the Amniotic Sac, and escape of the Amniotic Fluid.

The process of *parturition* is sometimes completed without any previous symptoms, but this is a rare occurrence, as there are frequently a series of signs, for some days before delivery. In general the *abdomen* diminishes, the *womb* is depressed, the *uterine contents* seem lower than usual, and the *external labia* become enlarged, soft, and painful. A *secretion of mucus* takes place and escapes from the *vagina*, which is vulgarly called the "*shows.*" The *orifice* and *neck* of the *womb* become soft and dilated; the *abdomen* is hard at intervals, corresponding with the

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uterus; at the same time the *orifice* contracts (the *membranes* become terse), and are succeeded by relaxation of the *abdominal parietes* and dilatation of the *Os Uteri;* finally, by the alternate contraction and relaxation of the *muscles* of the *Womb*, the expulsion of the *fœtus* is effected.

The *preparatory signs of labour* vary in duration, and occupy from one hour to a period of several days, and generally commence by a *bearing down* and *weight* in the lower part of the *abdomen* for two or three days, accompanied with pains in the *loins*, a desire to evacuate frequently the *bladder* and *bowels*, with a *glairy slimy* discharge from the *Vagina*, which is called the "*shows*," and invariably when the *pains of labour* commence they occur every hour, half-hour, twenty-five, twenty, fifteen, ten, five, and finally every minute. The *pains* at first are short, continuing for a minute or two, when it is requisite for a *medical practitioner* to be in attendance, to make a *vaginal examination* by the fingers (*See* PLATE XV., FIG 2), which should be lubricated with lard, pomatum, oil, or some *oleous substance*, to ascertain the nature of the *pains*, if *labour* has commenced, and whether it is *natural* or *preter-natural*, or if she will be *speedily* or *slowly* delivered. During these *pains*, the lips of the *Os Uteri* become thin, and assume a circular form, in which the *amnios* or *membrane* surrounding the *Fœtus* becomes enlarged, and assists the dilitation of the *Uterine orifice*, which can only be ascertained by another *Vaginal examination*, (*See* PLATE XV., FIG. 3), as to the further progress of the dilatation, of the *mouth* of the *womb*, its *descent*, and *rupture* of the *membranes* (or "*bag of waters*"). At this period women often become dejected, and apprehensive of danger, or of death; are silent, or weeping, and should be cheered and consoled. When the *pains* increase, the *neck* and *orifice* of the *womb* dilate, the *mucous discharge* becomes streaked with blood; the membranes which surround the *Fœtus* descend (*which is shown in* PLATE XV., Fig. 4, *previous to their rupturing*). The *membranes* and *head* recede after the *pain* ceases, and until its return there is a period of tranquillity.

The *same occurrence* takes place after each successive *pain*, followed by a cessation of shorter duration, by the shortening of the *longitudinal Fibres* of the *Womb*, the *Liquor Amni*, and the lower part of the *membranes* are thrust downwards, the *dilatation* increases after each pain, until the *sides* of the *orifice* of the

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womb rest on the *parietes* of the *pelvis*, which affords sufficient extension for the passage of the infant's head (*as shown in* PLATE XV., FIG. 5); each pain serves to propel the *membranes* further downwards, assisted by the head of the infant; the *womb* now forms one continuous line with the *Vagina* (*as shown in* PLATE XV., FIG. 6), when the *membranes* become *ruptured* in the *Vagina* during the *pain*, and the *amniotic fluid escapes*, producing what is vulgarly called the "*breaking of the waters*;" (in some cases the membrane does not burst before the *expulsion of the infant* from the *Vagina;* when, if a portion of the membrane comes with the child, the child is said by nurses to be born with a *caul*). This completes the first stage of parturition.

The Second Stage comprises the descent of the Fœtus, dilatation of the external genitals, and expulsion of the infant,

The *membranes* being ruptured (delivery may take place with a single pain, and sometimes it may take from a half an hour to three or four hours, and it may occupy from twelve to twenty-four hours; this occurs when the *female* is either *very young*, or *much advanced in life*); the *orifice* of the *womb* now becomes pressed upon by the head of the *Fœtus*, a portion of the *Amniotic fluid escapes*, the contents of the *Womb* are acted upon more powerfully, and the intensity of the pain increases.

The sufferings of the female are now much greater than before, the pulse is stronger, the jugular veins swell, and the carotid arteries pulsate with violence, when, through the increased pains, she seizes upon any object within reach to help her bear down. (For this purpose a long towel, or shawl, is generally placed round the bed-post.)

The female may during this period lie on either side, or on her back (*as shown in* PLATE XVI., Fig. 1), until the head presses on the *external genital parts*, when the position of the *left side is preferred* (*see* PLATE XVI., Fig 2), as the accoucheur can generally use the right hand with greater dexterity in affording assistance.

The *pains* continue to be more severe and bearing down, until the *head* has arrived so low in the *pelvis* as to press on the *external genital parts*, when these parts will sooner or later *open*, according to their natural tension, frequency of the pains, or the number of children the woman has borne.

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After the recurrence of each pain, a small quantity of *Amniotic fluid escapes*, and the *head* descends, through the *orifice* of the *Womb*, into the *Vagina*, which is gradually dilated, pressing on the *Bladder* and *Rectum*, the *Fæces* are expelled, and the *Vagina* becomes greatly enlarged. The *head* of the *infant* approaches the *inferior strait*, or *outlet*, and by the continued pressure, the *Coccyx* is pushed outwards, and the *Anus* projects (*as shown in* PLATE XIV., Fig. 7).

The *head* recedes after each pain, but on the return of the pains, it is thrust *more* downwards, the *Labia* dilates much more, until the continuation of the pressure at length overcomes the resistance of the *Perineum, and the head slips through the Genital Fissure*, which, from the force and tension of the parts, become as thin as parchment, and are frequeutly lacerated unless supported by the *medical attendant* (*as shown in* PLATE XVI., Fig. 1, 2).

When the *shoulders* are being passed, the one is turned by nature towards the *abdomen* of the mother, the other to the *back*, and presses on the *perineum* (*as shown in* PLATE XVI., Fig. 3, 4); this part ought to be supported in the same manner as the *head*, so as to prevent laceration of the *Genital Fissure* and *Anus*.

As soon as the *shoulders* are extracted, *the body of the infant* ought to be turned obliquely towards the abdomen of the mother (*as shown in* PLATE XVII., Fig. 1, 2); the *hips* of the *infant* speedily pass through the *Genital Fissure*, and the limbs follow, accompanied by a gush of water and blood. *After the expulsion of the infant*, the *genital orifice* contracts almost to its proper size. (*In* PLATE XVII., Fig. 3, *the various positions of the child are shown during natural labour.*)

As soon as the Infant is born, and fully breathes, the circulation that has been carried on through the *Umbilical Cord* is no longer necessary to its existence, and ceases.

The Umbilical Cord has now to be separated, previous to which, it sometimes happens that a portion of the *intestines* is in the *Navel Cord*, which should be pressed into the *Abdomen before the cord is tied.* It is then requisite to make *two ligatures, the first*

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ligature must be made round the *navel cord* (*as shown in* PLATE XVII., Fig. 4, A), within two inches and a half of the infantine abdomen, and tied firmly with two or three knots, to make certain.

The Second Ligature is to be made round the *navel cord*, about two inches from the first ligature, near the mother, and tied in a knot (*as shown in* PLATE XVII., Fig. 4, B). *The Umbilical Cord* has then to be cut across, by means of a sharp pair of scissors, between the two ligatures (*as shown in* PLATE XVII., Fig. 4, C). *The Infant* is then to be wrapped up in warm flannel, and given to the attendant.

The third stage comprises the expulsion of the Placenta and Membranes.

From a quarter to half an hour after the infant has been ejected, the *womb* is again painfully contracted, and presses upon the *Placenta*, by which it is detached (*these are termed* "*after pains*") two or three pains generally sufficing for the purpose of displacing the *placenta* and *membranes*, although, in consequence of the contraction of the external parts, the *placenta* may remain for a longer or shorter period in the *vagina*. The *Placenta* is sometimes separated from the *womb* during labour, especially when the *labour* is protracted. The *Placenta* is thrust into the *vagina*, the vessels by which it is attached to the *womb* become closed, and by the contraction of that organ, and the obliteration of its cavity, *hemorrhage* is *prevented*. The *Placenta* in general passes in the curved line of the three axes of the *Pelvis*, taking the same rotary motion as the child (*shown in* PLATE XVII., Fig. 3), downwards, forwards, and then upwards.

After the placenta and *membranes* are expelled, the womb is much contracted, and may be felt above the pubes, about the size of a child's head; it is for two or three days subject to pains, which, in some females, are very excruciating (but there is very little danger in these after pains): they are attended by a slight effusion of blood. *This discharge* continues for eight or ten days, becomes serous, and ceases, except in some *protracted cases*, when it remains till the next menstruation.

The Secretion of Milk takes place about the second or third day, when the breasts exhibit feverish symptoms, and become painful, about twenty-four hours after the milk appears; it is first of a yellow oily nature, has a disagreeable taste, and purges the infant for the first few days.

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PUBERTY, OR WOMANHOOD.

THE female arrives at the age of puberty several years earlier than the male, and this period depends on temperament, habits, associations and climate. In temperate climates, it usually takes place from twelve to sixteen years of age, in northern climates, a year or two later, and in India as early as the ninth or tenth year. But the influence of climate may be modified by circumstances; and during the French Revolution, such were the exciting circumstances of the period, that a precocious puberty was induced; and it is stated, on good authority, that boys and girls of ten years of age, cohabited and produced children.

When the age of puberty is attained by the female, a peculiar periodical discharge takes place from the womb, which is called by the various names of Courses, Menstruations and the Monthly Discharge, or described as being 'poorly' or 'unwell.' This continues, on the average, during about thirty years, except when the woman is pregnant or suckling, and usually appears at about intervals of twenty-eight days,—though in some cases a fortnight, in others a longer period,—and usually continues from three to five days.

The first appearance of the Monthly Courses, is a most important period to woman. She puts away childish things, becomes womanly in her manners, loses the infantine familiarity which has hitherto characterised her, and assumes a coquetry and love of admiration which accompany her through life. At this time, the passions are vehement; and, being without the control of experience, a watchful eye should be kept upon her conduct and associates, lest the designing take advantage of the animal instincts so feebly protected.

It is the duty also, of the mother, or whoever has charge of young females at this period, to explain the nature of the change which is about to take place, lest the shock of surprise at so unusual an occurrence should check the course of the evacuation, and so possibly retard it for months, or even years. It is also right to know, lest the headache, lassitude, pains in the back, and other unwonted

symptoms, should lead the young female into believing that her general health was affected.

The discharge is of the colour and consistence of blood, but more properly considered as the flux or refuse of the blood, though it does not become fully coloured for several periods. From four to six ounces will usually be evacuated, though the quantity, like the period of its coming, will vary in different individuals.

It is to the irregularity of this monthly discharge, that very many of the painful complaints and symptoms to which females are subject, are to be attributed. These will be mentioned more fully under the succeeding head of 'Irregularities,' but it may be advisable to mention here, that with every aptitude to evacuate this secretion at the usual time of life, it may be prevented by some physical impediment or malformation, such as the mouth of the womb being closed, and so preventing the escape of the evacuation; or the hymen may be imperforate, and so prevent its escape from the Vagina. Mothers and nurses, who are but little acquainted with the anatomy of the parts, seeing that the urine flows freely, suspect no impediment in the contiguous passage of the vagina from whence the courses flow. It cannot, therefore, be too earnestly impressed upon the attention of those entrusted with the care of young females, that when any considerable period elapses after the usual period at which this confirmation of womanhood should take place, to submit the young patient to some competent surgeon for examination, that the impediment may be removed, or assuredly great detriment to the health will be the result, even if the most fatal consequences do not eventually take place.*

IRREGULARITIES IN THE MONTHLY COURSES.

Such interruptions to the natural courses will take place even in the healthiest females from cold, anxiety, fear, over exertion or fatigue.

* Cases of this kind are frequently submitted to Mrs. Goss, by those mothers who prefer to introduce their daughters under such delicate circumstances, to a female rather than a male.

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Without entering into a minute description of the various irregularities which occur, and which bear the name of Amennorrhœa, Dysmennorrhœa and Menorrhagia, (suppression of the discharge, and excessive or painful discharge), we may say that suppression may be remedied by tonic and aloetic medicines, by the moderate exhibition of mercury and iodine, bathing the feet in warm water, exercise, pure air, and due attention to diet: and a stimulating embrocation applied to the lower region of the bowels and vulva, will contribute materially to effect the desired object. A judicious manipulation practised by Mrs. Goss, seldom fails to produce the result at a single interview, after months of painful suppression; of which the distressing symptoms are swelled legs, flushing of the face, violent head-ache, and general prostration of energy and health.

Excessive menses are best restrained by cold applications to the vulva and bottom of the bowels, or by a cold enema: if very profuse, it may be necessary to use the acetate of lead, combined with opium or hyoscyamus, in a pill every third or fourth hour, the patient being as much as possible kept in a recumbent posture, and avoiding every species of excitement or disturbance of mind or body.

It may be mentioned as a curious but unexplained fact, that if a person touch meat, either fresh or salt, while the discharge is present, it will almost immediately become tainted: and it is doubtless a consideration of this impure and malignant property of the discharge, which caused the Jewish and Oriental lawgivers to insist so strongly on the seclusion of females during this period, and especially to interdict all connexion with the other sex. Copious ablution of tepid water should be used on the cessation of the period, though improper at the time; and the constant daily and almost hourly attention to the cleanliness of these organs cannot be too much inculcated. In this respect I fear, the females of this country are much behind those of southern Europe.

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CONCEPTION.

This mysterious process has occupied the attention of physiologists in all ages and countries, and enough has been said in a previous part of this work to give a general view of the most received theory, but I cannot omit to mention the fact, well authenticated in our own practice by numerous females, that it *may* take place without either the rupture of the hymen, or even without the entrance of the male organ *at all*, the male semen being absorbed by some contractile power in the vagina and womb, and thereby conveyed into the cavity of the uterus—a penalty upon those surreptitious and incomplete pleasures to which fear has restrained their votaries.

NYMPHOMANIA.

Is an excessive desire for sexual intercourse, proceeding from some morbid inflammation or irritation of the organs in persons of a highly nervous temperament. This may be induced by the long continued operation of exciting causes, by masturbation, the constant occurrence of voluptuous ideas, errotic conversation, sudden privation of sexual intercourse, and the constant dwelling on that subject in situations precluding the hope of its gratification. It is shown in libidinous looks and language, eventually arriving at direct proposals to the other sex, and even the most disgusting and obscene acts performed in the presence of men till all sense of shame is lost. The patient becomes furiously delirious, tears her hair and clothes, and throws the fragments at every man she meets. Lascivious insanity—this state is called.

Fortunately this disease in its more advanced stages is rarely witnessed, though its less intense symptoms are not unknown in boarding schools, female prisons, and other places where lascivious conversation is carried on, and the imagination excited to an excessive degree by the possession of immodest books and pictures. The means of cure are religious, moral and hygienic; and every thing calculated to inflame the imagination, should be studiously kept out of

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the way. A vegetable diet is also to be recommended, with cooling medicines and anodyne narcotic injections to the vagina, with hip-baths and leeches to the vulva, or bleeding in the lower extremities. In some cases amputation of the clitoris has been practised, a proceeding equally useless as unjustifiable.

ANAPHRODISIA, OR INSENSIBILITY TO NUPTIAL PLEASURES.

In some cases,—not so rare as may be imagined,—women have a total indifference to the pleasures of love and reproduction. This arises from debility of the nerves which supply the genital organs, and also from inaction in the brain, which does not furnish the nervous influx necessary to put the uterine organs in a state of excitation. In some cases it may proceed from malformation, so that it may be only temporary, or wholly incurable. Any thing which tends to enfeeble the body, as excessive labour, profuse menstruation, Leucorrhœa or whites, in its worst form, or masturbation carried to excess, may produce it. Where it does not proceed from defect of structure, it may be cured by the judicious administration of tonic stimulants, and gently irritating applications to the parts. It sometimes appears in women, otherwise healthy, and who have the sincerest affection for their husbands, in whose pleasures they would gladly participate. As this is frequently the unsuspected cause of estrangement between husband and wife, the former, not unnaturally, imagining himself slighted for another, it cannot too soon be brought before a competent medical practitioner, and proper remedies resorted to.

PROLAPSUS UTERI, OR BEARING DOWN OF THE WOMB.

This is the descent of the womb from its natural position, more or less into the vagina; and in some cases it is protruded beyond the vulva, causing great irritation and excoriation to the part. The causes are relaxation of the

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ligaments which support the womb, arising from natural weakness, or great distention of the organ during parturition. It is extremely common to women who sit up too soon after delivery, and may also be brought on by tight lacing, vomiting, violent coughing, or the weakening influence of the whites long continued. * At an early stage, this distressing complaint may be relieved by the use of mild astringent lotions, either of sulphate of zinc, acetate of lead, or infusion of oak bark, lying down as much as possible, and avoiding all violent movements. In a more advanced stage, and especially where the person is obliged to move about, it will be necessary to use a mechanical support inserted into the vagina, which may be worn without inconvenience, till the womb and its appendages have acquired sufficient strength to render such a means unnecessary.* Tonic medicines and bracing applications will also materially aid in effecting a cure: neglect may bring on gangrene and a fatal result.

PROLAPSUS ANI, OR BEARING DOWN OF THE FUNDAMENT.

This is a protrusion of the lower bowel from the anus or fundament, and should be replaced in its original situation, and retained there by a proper bandage. Astringent clysters are also beneficial.

ULCERATION OF THE WOMB, WARTS, VEGETATIONS, AND POLYPOUS GROWTHS,—CANCER.

There are few women who do not at some period of their lives suffer from ulceration at the neck and lower part of the womb, particularly during pregnancy. In the early stages it is not attended with much pain, unless when touched in the act of conexion, when a sharp pang is the

* Mechanical supports of every kind may be procured by application to Dr. or Mrs. Goss, by whom they will be properly adjusted, with every required direction.

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result. It is usually attended with considerable discharge, which should be frequently washed away by injections of tepid water. An application of the nitrate of silver by the surgeon will relieve it, as well as the warts, and fungous growths frequently appearing on the same parts. In many instances these complaints are attended with a most offensive thin acrid discharge, which is not only disagreeable, but will propagate the disease to the neighbouring parts. For these reasons only it would be necessary to consult without delay a medical person, conversant with this line of practice, but how infinitely more necessary, when we consider that these apparently trifling diseases, may, if neglected, result in confirmed Cancer; which whether of the womb, or of any other part of the body, is INCURABLE; beyond the reach both of medicine or the knife,—whatever interested empirics may say to the contrary. Though the disease taken in its earlier forms, may doubtless be readily cured by early application to an experienced medical practitioner.

MONSTROUS BIRTHS.

INFANTS may be born with supernumerary fingers and toes, with a double tongue, œsophagus and duodenum, others have a fusion of the sexual organs, some a second penis, a second clitoris, three, four, or five breasts, two hearts, two or three feet attached to one leg, and the urinary organs may be double.

Twins may be united by the back of the head, by the forehead, face, breast, abdomen, &c., in fact by every part of the surface of the body. Buffon records examples of two infants united together; and there were the Hungarian sisters, named Judith and Helen, who survived to the adult age, the Siamese twins, who were males, and whom the author carefully examined in Paris, in 1835. The children Ritta Christina, exhibited also in Paris, were two females. The Siamese twins were perfectly well formed, and the sexual organs fully developed. They subsequently married, and settled in America. The band of

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union was a little below the breast, and rather in front than at the side.

A man with two bodies united at the lower part of the trunk, and with only one pair of legs, lived in Scotland in the reign of James the fourth. The king ordered him to be brought up with care, and he made rapid progress in music. The two heads learned many languages, they discoursed together, and the two halves sometimes struck each other, though generally agreeing.

Zacchias describes an individual who had another hanging from his chest. Sir E. Home describes a child with two heads, the skulls of which are now in the Hunterian museum. A Chinese man aged 28, was once exhibited in London with the body of an infant projecting from his chest. Both individuals evacuated the bowels and bladder simultaneously.

But the most extraordinary instance of connected twins is that mentioned by Schurig, in which one infant was contained within the belly of another; and there was even a case in which a new born female infant had expelled or given birth to another after its own birth! Numerous examples are recorded of the different parts of the remains of one child remaining in another, even after it had grown up. Endless well authenticated instances of such monstrosities might be adduced, did the space of this book admit of it.

STERILITY, OR BARRENNESS,

Is the inability to conceive offspring, from the imperfection or loss of the conceptive power. In many cases this arises from the want of energy rather than of desire. In regard to its treatment it is much more within the power of medical aid than most persons imagine. The author professes the power of remedying barrenness, when it does not proceed from malformation of the parts. He or Mrs. Goss may be consulted on this subject, and ladies doing so, may safely depend on their honourable mode of conducting such delicate investigations. Something may be done by a judi-

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cious attention to diet; but the inability in either sex must be counteracted by a perseverance in a course of proper medicines, adapted to the age, condition, and habits of either sex, who may favour them with their confidence, and a certain restoration or establishment of capability will be the result.

THE BREAST, ITS SIZE, SHAPE AND DISEASES.

Much of the attractiveness of the female form depends upon the formation, size, and condition of the bosom. If it be either too full and protuberant, too small, or not possessed of sufficient firmness, its attractions are diminished; but these defects may be remedied by proper applications. If two prominent, a gentle, but sustained compression, assisted by medicines containing a preparation of Iodine, will rarely fail to reduce its luxuriance; and where nature has dealt scantily in the growth of this attractive feature, its size may be increased by gentle friction, and a moderately stimulating embrocation: if too pendulous,—which is frequently the result of child bearing,—tonics and astringent applications must be resorted to, but as great care is requisite in the treatment of this delicate organ, it is always advisable to seek competent medical authority, previous to adopting any remedies, lest their indiscriminate use in the hands of uninformed persons should inflict injury on so delicate a part.

PIMPLES, UNSIGHTLY BLOTCHES, OR RED PATCHES AND DISCOLORATIONS, ON THE FACE OR NOSE.

The author cannot too earnestly caution females against the use of cosmetics, whether in the shape of lotions, pastes, or powders, which are frequently put before the notice of the public, as remedies for the above unsightly impediments to female beauty. There is scarcely one of them which does not contain bi-chloride of mercury, commonly called corrosive sublimate, one of the most active of poisons;

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which although it may repress the eruption for the moment, does so to the permanent injury of the skin, and eventually of the constitution. Almost every eruption proceeds from a disordered state of the stomach or blood, and is only to be thoroughly cured by gentle alterative medicines, combined with a soothing, cooling application to the cuticle. The effect of this practice is to cleanse the skin of these impurities, and impart a healthy glow to the complexion, instead of the sallow, cadaverous appearance, almost invariably produced by the noxious lotions and washes of the empirics.

ENERVATING HABITS.

THE author would fain be spared the necessity of alluding to those enervating habits, too prevalent amongst young people of both sexes, and to an indulgence in which may be attributed much of the ill-health, the pallid appearance, and the pimpled blotched complexions we so frequently see; and the far more serious consequences of consumption, atrophy of the organs, and ruined constitutions of after life. As this practice is usually learnt at schools, or from vicious companions, too much care cannot be exercised in the selection of associates for the young, and a constant supervision, with mild and kindly-urged advice, where the habit has been acquired, will, in most instances, suffice to restrain it. Should the habit, unfortunately, be established, and the baneful pleasure be too potent to resist, medicine must be had recourse to; and a sedative anaphrodisiac draught, and pills at night, will do wonders in checking the desire to perpetrate this seductive fascinating sin: the health will speedily recover under such treatment, and the habit be finally abandoned.

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HEMORRHOIDS, OR PILES,

Are frequently produced in the female by the pressure of the gravid womb, which obstructs the return of the venous blood to the heart. In order to effect a cure, it is necessary to regulate the bowels by mild laxatives, as castor oil, small doses of the neutral salts, or an electuary of sulphur and cream of tartar; after which, astringent lotions, such as the solutions of acetate of lead, oak, bark, and alum; gall ointment, with opium or belladonna. When these fail, three ounces of starch mucilage, and half a drachm of laudanum, may be administered as an anodyne enema: cerate, with a grain or two of the watery extract of opium, introduced into the rectum, will be found to alleviate the suffering; suet, lard, or fresh butter, may be made use of in a similar manner.

During parturition, women are sometimes troubled with this complaint. In addition to the above remedies, leeches may be be applied to the *anus*, but not before eight days or more after delivery, as they are apt to prevent the proper evacuations.

FISTULA.

Fistula is a deep, cavernous ulcer, narrow at its entrance and broad at the bottom, discharging a sharp and virulant matter. *Fistulas* may appear in several parts of the body, but more frequently in the *anus* and *vagina*. Much pressure during parturition, caused either by the infant or the use of instruments, will produce sloughing of the bladder and rectum, and occassionally produces *vesico-vaginal* and *recto-vaginal* fistula.

Where the before-mentioned causes have produced *fistula*, it appears a few days after labour; inflammation, suppuration, and ulceration take place, through the escaping of the *urine*, and *fæces* into the *vagina*, producing very distressing symptoms.

It appears from the opinions of some of the best practitioners of the present day, that the position of the patient is of consequence in curing this disease, as it is the lower part of the bladder where the sloughing occurs, If the patient sits upright, the urine will continually pass through the fistula, producing great irritation, which must be prevented; therefore, if the person lies on either side, or on the abdomen, it has the effect of making the sound part of the bladder contain the urine, so that but little escapes, and the vagina may be defended from this by the introduction of a plug of oiled lint. This lint is necessary to be

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removed every day, and the bladder must be emptied by a catheter, unless the urine passes off by the uretha. The bowels require to be relaxed, and kept in that state, during the progress of the above treatment, to which this disease will be found to yield, after which the general health must be improved.

CHLOROSIS.

CHLOROSIS, or *Green Sickness* (so called from the pale, lurid, and greenish cast of the skin); the causes of this disorder are numerous—inability of obtaining an object of desire, commonly called love sickness, *retained* or *suppressed menses*, or *excessive menstruation*, *dyspepsy*, or any source of general debility which interferes with the development of the sexual organs; at the age of puberty, it attacks sedentary girls of a delicate complexion, and but *seldom* those who take much *exercise in pure air*, or who reside in the country; on the contrary, those in manufactories, and confined situations, are most liable to it; want of proper nourishment, insufficient clothing, excessive labour, sadness, jealousy, privation of sexual enjoyment, &c., all tend to cause this disease, the symptoms attending which are a depraved appetite, with a desire for acids and unripe fruits, flatulency, with pains or spasm in the stomach and bowels, which are costive, palpitations of the heart, headache, a sense of oppression at the chest, depression of the mind, and fatigue upon making the slightest exertion.

These *symptoms* vary in *different constitutions*, and in *different states of the disease*. In order to effect a cure, it is necessary to improve the *general health*, and to excite *the action* of the uterine vessels. In the first place, exercise in the open air, walking, skipping, dancing, especially riding on horseback, warm woollen clothing, friction with a flesh-brush, or new flannel, all over the body, to which must be added, *generous diet*, *wine*, *&c.*

Tonics and *chalybeates* may be employed with good effect, as those of *zinc*, *columba*, with *ammonia* or *myrrh*. The state of mind must also be considered; change of air, scene, amusements, &c. all contribute to the restoration of the patient.

The uterine vessels may be excited by foot, hip, saline, and warm baths, dry-cupping to the thighs, sacrum, groins, and to the breasts; electricity and galvanism may sometimes be effectually employed; marriage is also recommended, the change of life produced being considered an effectual remedy.

LEUCORRHŒA.

LEUCORRHŒA, or *Whites*, signifies a mucous discharge from the *vagina*, generally without infection, disappearing during *menstruation;* it has been found to occur abundantly in pregnant women, also in girls at the age of seven, eight, and nine years, and sometimes even in infants; it occurs occasionally through suppressed menstruation, voluptuous excitement, uncleanliness, *failure of milk* during *lactation*, or any other suppressed discharge, and in women who have beeen pregnant in too quick succession, or those who take too little exercise, residing in damp situations, in crowded cities, &c.

It is usually attended with langour, weakness, and pains in the back; if long continued, the countenance becomes pale and sickly, the skin is feverish and dry, and the stomach exhibits symptoms of indigestion.

At first, the discharge is slimy, nearly *colourless*, without local irritation; it afterwards assumes an opaque *yellowish white* appearance, with a smarting or itching sensation, and great heat; as the disease advances, the *discharge* becomes highly offensive, it is more thin, and of a greenish colour, accompanied frequently with pains in the uterus and loins, while its acrid nature is apt to excoriate the surface of the vagina.

When the *disease* is violent, and acts upon the system, it produces a general debility, giving rise to various *other diseases*, *cutaneous eruptions*, &c., followed sometimes by prolapsus of the womb and vagina, *abortion* or *miscarriage* where *pregnancy* exists, and *barrenness* where it does not.

It is sometimes difficult of cure, and requires in such cases an examination by a medical practitioner, in order to ascertain its character; if the disease is caused by uncleanliness, simple injections of warm water will be found sufficient; but if irritation of the vagina has taken place, *a diluted solution of acetate of lead* will be found highly beneficial, especially where, from miscarriage or severe labour, great debility and relaxation have caused the discharge.

Other astringent injections will frequently have the desired effect, such as solutions of alum, sulphate of zinc, green tea, &c.

The WHITES of advanced life is generally accompanied by a morbid state of the uterus; the discharge is sometimes combined with cancer, or polypous fungus; emetics, change of climate, and tonics, are the best means to be adopted.

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GONORRHŒA, OR CLAP,

Is a mucous discharge from the urethra or vagina, produced by impure coition.

This disease was formerly considered to be a local effect of that poison which, when communicated to the system, produces *syphilis*; but although the medium of its conveyance is cohabitation with infected persons, it is generally considered to be of a different nature.

The disease has symptoms peculiar to itself—they are generally preceded by a sense of soreness and itching, soon after a discharge appears of a whitish colour; it increases in quantity in a day or two, becomes yellow, the disorder is more virulent, inflammation is increased, the discharge is thinner, more irritant, changes to a greenish hue, and loses its purulent appearance; sometimes it extends to one or both groins, where some *small glands* are embedded in cellular substance; these are subject to irritations from all motions of the thigh; sores in this part are exceedingly difficult to cure, even when free from the venereal virus, as may be seen in scrofulous children who are subject to abscesses in this part; hence suppurated bubo is peculiarly liable to become an untractable sore, as shown in PLATE XVIII. Figs. 1 and 2.

The disease is less severe in women than in men, the chief seat of affection being the *vagina*; this part being *less sensible* than the *urethra* the pain is *not so intense*, except when the *meatus urinarious* and *nymphæ* participate in the inflammation.

It appears at very different intervals after infection; it usually takes place about the fourth or fifth day; it may appear in twenty-four hours, or remain dormant for a fortnight, according to the irritability of the constitution.

In the venereal clap the curative process is simple; *antiphlogistic regimen*, *rest*, *diluent drinks*, assisted by cooling laxatives.

There are *two classes* of remedies of opposite characters, *stimulant* and *sedative*, both are used generally and locally; the general *sedatives* that are employed are opium, conium, nitre, mucilage, and oily emulsions.

Locally employed, some of them, *especially opium*, are very serviceable; this may be administered in the form of an *injection*, made somewhat *viscid* by *oil* or *mucilage*. But the most effectual is the *stimulant* process, which has almost superseded the administration of sedatives.

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In Bengal, Java, and many parts of the East, the common remedy, and one to which the disease readily gives way, is *cubebs*; this, when well pounded, is exhibited in a little water, five or six times a day, in the quantity of a dessert spoonful, about three drachms, during which time all ailments which are heating must be carefully abstained from; in two or three days the cure is completed.

Stimulants may also be employed *locally*, such as the *metallic salts* in *solution*, as the *muriate* and *submuriate* of *mercury*, in the proportion of *three* or *four grains* to *eight* ounces of water; *sulphate of copper*, *zinc*, *ammoniacal copper*, and the *acetated* solution *of lead*; the morbid secretion is overcome by the astringent properties of these remedies, which, instead of producing injury, act as direct tonics, restoring the irritated mouths of the exhalants to a healthy state, without the inconvenience of secondary inflammation; the greatest cleanliness must be observed from the first appearance of this disease.

GLEET.

GLEET is a slimy discharge from the mucous glands, without specific venom or infection, being frequently the sequel of clap, which has been badly managed, but it may have been caused by excess of *venery*, or strains, or other cause of weakness.

The discharge is not accompanied by inflammation, but a bland slimy mucus, proceeding from a morbid relaxation of the mucous glands of the urethra and vagina, and occasionally accompanied with irritation; the disease generally yields to the local tonics previously recommended. The stimulants usually employed consist of copaiba, or some resinous balsam in the form of injection, tincture of ipecacuanha, &c.

This disease is often mistaken in women for *Leucorrhœa*; but the mistake is not of much importance, as the same treatment will serve for both; but, as before mentioned, the vagina not being so irritable as the urethra, the complaint is *less troublesome* than in *Males*.

SYPHILIS, OR VENEREAL DISEASE.

THERE appears to be much uncertainty as to the origin of the term SYPHILIS, and likewise as to the particular part of the globe from whence the disease originated. It is supposed by some to

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have been imported into Europe from *America*, by the *crew of Columbus*, but little reliance can be placed upon this hypothesis. At its early appearance it seems to have been looked upon as a kind of plague, the symptoms of which were exceedingly violent, producing fearful ravages among its victims. By degrees this disease has assumed a much milder form, as *very severe* cases are much less frequent now than formerly.

SYPHILIS appears under *two sets* of symptoms, *local* and *constitutional;* the latter is generally, but not always, a sequel of the former; but in whatever way produced, it is most usual through *impure coition*, though it is possible that *syphilitic matter*, coming into contact with the surface of the body, and mingling with *perspiration*, *mucus*, or some other *natural secretion*, the disease may be introduced into the system by *absorption*.

The appearance of *one or more* minute *pustules* of a peculiar kind, which are commonly termed *chancres*, give the first indication that infection has taken place; they have a hard inflamed base of a reddish colour, the apex irritable, which next opens and becomes ulcerated, and the virus discharged produces fresh chancres on the part with which it comes in *contact*, as shown in PLATE XVIII., Figs. 3 and 4.

In the usual mode of infection, the chancre makes its appearance in women about the *labia*, *clitoris*, *nymphæ*, and lower parts of the *vagina*, sometimes as early as the third or fourth day, but it may not appear for as many weeks, depending on the degree of irritability possessed by the cutaneous absorbents. The genitals become studded occasionally with hard and irritable warts, extending to the anus, as shown in PLATE XVIII. Fig. 4.

The formation of *bubo* in one or both groins, is another local symptom, caused by an absorption of *virus*, communicated to the lymphatics, thence to the inguinal glands, which become inflamed and tumified. The tumour produced enlarges gradually, until it becomes equal in size to a pullet's egg (*see* PLATE XVIII., Fig. 1) when it generally bursts, with a copious discharge of *pus; the suppurative inflammation* does not always follow, but the tumour augments, and acquires considerable hardness, as shown in PLATE XVIII., Figs. 1 and 2.

The *secondary* constitutional symptoms are *soreness* and *ulceration* of the *tonsils*, *uvula*, *palate*, and *tongue;* difficulty of swallowing, and hoarseness of voice; the mucus membranes

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of the eyes become inflamed with ulceration of the eyelids; various parts of the skin are covered with copper-coloured spots, afterwards in scurfs, each terminating in a foul ulcer, discharging an offensive fluid, and frequently involves the whole of the genital parts in ulcers, as shown in PLATE XVIII., Figs. 5 and 6; irregular pains dart through the limbs, and are severely felt at night as the disease advances; it affects the bones, which become carious; the bones of the palate and nostrils are attacked, and carried away by degrees; the speech is rendered imperfect, strength decays, appetite is lost, the hair falls off, and ultimately the system is destroyed.

Some constitutions are more susceptible of this disease than others, as before stated; it is said to be communicated by *simple contact*—it is perhaps thus received in ordinary connexion by a child *sucking the nipple*, of a *wet-nurse infected*, by *saliva* communicated in *kissing*, also by receiving *infected breath*, or *drinking* from a vessel used by a *syphilitic patient*, or an *infected lancet;* the attendance of an infected midwife has been known to infect both *mother* and *child*.

The medicines which have been found to be most beneficial in curing or arresting the progress of *Syphilis*, are *narcotics*, *diluent*, *diaphoretics*, *diuretics*, *drastic purgatives*, and those which introduce a portion of *oxygen* into the system.

Of the *narcotics—opium*, *solanum*, *and belladonna* are of great use in rendering the system *less irritable*. *Opium* modifies and alleviates every symptom, and in this disease opium may be taken in larger quantities than in any other.

Narcotics, in conjunction with other means, add very much to their *efficacy* (more especially when *mercury* is used), but cannot of themselves remove the complaint. The warm, diluent *diaphoretics*, which may be employed, are very numerous, as *nezereon*, *sarsaparilla*, *bardana*, *saponaria*, *smilax*, &c.; all these are considered useful, as they excite a determination to the skin, by which the syphilitic virus is thrown off from the surface.

Sarsaparilla is much employed at the present time, and is found to be beneficial after the disease has been partially overcome by more powerful remedies.

Among those *anti-syphilitics*, which depend on the presence of *oxygen*, may be reckoned the *mineral acids* and *metallic oxydes*.

Of the acids, *nitric* and *sulphuric* have been employed with good effect, acting as a *tonic* and *sedative*.

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The *metallic oxydes* and the *principal metals* have been employed, as *gold, copper, iron, mercury, antimony*, and *arsenic;* but *mercury* appears to be the only medicine which can be relied upon; if properly administered, it has been found to succeed in every stage (unless in a scrofulous subject); but it must be used with judgment, as it acts differently upon different constitutions—about *two grains per day of mercurial or calomel pill* will be found sufficient, and, when necessary, accompanied by *a grain of opium* as a *guard.*

When *mecurial ointment* is used, *half a drachm* may be rubbed in night and morning; it is not necessary to produce *salivation* unless the *disease* is very *severe.* Great care must be taken to avoid cold, in all cases where mercury is used, but more especially in cases of *salivation*; the *diet* must be *light* and *simple*, and flannel should be worn next the skin.

When a *bubo* has formed in the *groin*, it is better to rub in the *mecurial ointment* below it, as it increases the inflammation when applied to the tumour itself: the mouth will become slightly sore in a few days, it will then be necessary to regulate its further use according to the nature of the complaint. In some highly irritable habits, the injudicious use of mercury, or any use of it, is productive of very bad consequences; when this occurs, the use of mercury must be discontinued, and some gentle aperient used, opposing the irritability by sedatives and mild cardiacs, as *sarsaparilla, camphor, guaicum*, and the *mineral acids.*

The author thinks it his duty to say, as a caution to the sex, that these loathsome diseases are not, as many suppose, confined to females of abandoned character, but may be contracted unconsciously by the most virtuous woman from her husband; or by he or she having used the closet that an infected person has previously used. By this assertion it is not intended to propagate a belief in the universal infidelity of the male sex—far from it—but he would not be doing justice to his fair readers, did he not glance at such a possibility; as well as to urge in the most emphatic manner the absolute necessity of paying immediate attention to any peculiar or unusual symptom, however slight, which may possibly indicate the presence of these insidious complaints; and to

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seek *competent medical advice without a moment's delay.* Females ought always to bear in mind, that symptoms which cause scarcely a perceptible feeling of pain or uneasiness, may, nevertheless, be the forerunner of a loathsome disease, whose ravages, if unopposed by proper medical assistance, will soon infect the blood, destroy the constitution, if not mutilate the person, and may be transmitted to innocent and beloved children.

The practice of Female medical consultation, solely established by Mrs. Goss some years ago, which enables a lady to consult confidentially, one of her own sex competent to administer medicines and give medical advice, without the necessity of a personal interview with a medical man, supplies a want long felt in this country. It is needless to say how peculiarly repugnant it is to those of delicate feelings to submit to examination, or to relate symptoms arising from their peculiar organisation, to a person of the male sex, but which there can be no scruple in confiding to a female; especially when assured that the utmost reliance may be placed in the professional skill, great experience, and discretion of the lady.

And Mrs. Goss has peculiar claims to confidence in this respect, not only from her general qualifications and long experience in midwifery, but as being enabled, in any difficult or peculiar case, to refer to her husband, Dr. Goss, thirty-one years in practice as Surgeon, Accoucheur, &c., who, as well as herself, has made the subject of Female Complaints his peculiar study.

As a Consulting-Accoucheuse, Mrs. Goss may be referred to with the greatest confidence, as, after many years' study of the theory and practice of midwifery in its most intricate forms, she has succeeded in arriving at an effectual means of affording immediate and certain relief in all cases of Female Irregularity, from whatever causes they may arise.

55, GREAT QUEEN STREET,

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NOTICE TO CORRESPONDENTS.

All communications for Advice may be addressed to either Dr. or Mrs. Goss, 55, Great Queen Street, Lincolns' Inn Fields, *respecting Irregularities, Stoppages of the Periodical Discharges, or any other Disease Ladies are subject to,* when the necessary Remedies will be forwarded, as directed in the patient's letter; and in all cases where a personal application is made, Mrs. Goss may be referred to in all examinations, &c.

It will be carefully packed, and made secure from any person's observation, and can be directed, if desired, "To be left at any Railway Station or Coach Office until called for."

Patients are requested to be as minute as possible in the detail of their cases,—as to the duration of the complaint, the symptoms, age, general habits of living, and occupation in life of the party; in all cases the most inviolable secresy may be relied on.

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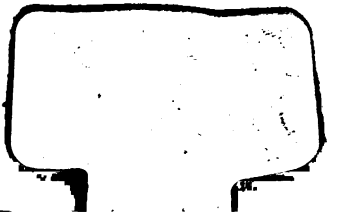

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